CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG - 5 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25505

Township ..... Primary Registration District No. 1003 Registered No. 6679

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

2. FULL NAME John Leaderman,

(a) Residence, No. City Infirmary, St. Division 13 Ward. E-3.
(Usual place of abode) 5800 Arsenal St. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 14, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
~~1863~~	73	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland.

FATHER

13. NAME John Leaderman,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland.

MOTHER

15. MAIDEN NAME Rose Hunziker.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland.

17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST PAUL Cheyenne Yard DATE 7-12 1937

19. UNDERTAKER (ADDRESS) Wm Schumacher 3013 Marmaduke

20. FILED JUL 12 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934 to July 9, 1937

I last saw him alive on July 9, 1937. Death is said to have occurred on the date stated above, at 7:30 m. A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Accident — Date of onset

Arteriosclerosis

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Henry J. Ulrich, M. D.

(Address) 5400 Arsenal