

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

36011

Do not use this space.

NOV 15 1937

1. PLACE OF DEATH
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **S St. Louis Mo.** (d) Street No. **2, 4112 a West Lee Ave** Registered No. **9588**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME **Catherine Leonard**
(a) Residence, No. **4112 a West Lee Ave** St. **10**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **The Late John Leonard**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 23rd 1860**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 9 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
13. NAME **Bristen**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
17. INFORMANT **Miss Mary Leonard**
(ADDRESS) **4112 A West Lee Ave**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Oct 15th, 37**
19. FUNERAL DIRECTOR **Strook Carroll UND Co**
(ADDRESS) **4600 Natural Bridge Ave**
OCT 14 1937
20. FILED **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 12th 37**
2. I HEREBY CERTIFY That I attended deceased from **June 18 37**, to **Oct 12 37**, 19**37**
I last saw her alive on **Oct 11 1937** Death is said to have occurred on the date stated above, at **2.30** m. pm
The principal cause of death and related causes of importance were as follows:
Medical Resuscitating June 18/37
Acute Endocarditis Oct 5/37
Date of onset
Other contributory causes of importance: **Senility June 18/37**
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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 **Senility**
(Signed) **J. Bredeck**, M. D.
(Address) **1856 Washington**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
FATHER
MOTHER

1 X12004

Stood & Carroll
Frank H. Stroat

STATEMENT BY LICENSED EMBALMER

I, *Frank H. Stroat*, Licensed Embalmer No. *2265*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*

.....L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed *Frank H. Stroat*

Licensed Embalmer No. *2265*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)