

NOV 15 1937

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

36502
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 9791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis (d) Street No. Mississippi River Registered No. 10079
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Hattie A. Leeman

(a) Residence, No. 3533 Park Ave. St. 18
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 4 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework
9. Industry or business in which work was done, as saw mill, bank, etc. at home
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) Chamois, Mo.

13. NAME Charles Leeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

15. MAIDEN NAME Wilma Callicott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Harry Leeman
3533 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE 10-30-37

19. FUNERAL DIRECTOR (ADDRESS) Southern Funeral Home
6322 S. Grand

20. FILED OCT 30 1937 J. F. Bredeck
Local Registrar.

NO MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16-37, 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:45 A.M.

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

Asphyxiation due to Drowning in the Mississippi River, as a result of jumping from the Eads Bridge, on Oct. 16, 1937 at about 5:45 A.M., while suffering from temporary

Other contributory causes of importance: mental aberration.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Suicide. Date of injury 10/16/37

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

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

Manner of injury..... See Above.
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....

(Signed) Alfred Perry, M.D.
(Address) Deputy Coroner

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

1-5-2

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

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

L. E. Frank Ludwig

No. 2504 or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 2504

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.)