CORRECTED COPY

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

Do not use this space.

1. PLACE OF DEATH

County Saint Louis — Registration District No. — File No. 22994

Township — Primary Registration District No. — Registered No.

City Jefferson Barracks (No. , St. Ward)

JUL 29 1938

2. FULL NAME Leroy TABLER

(a) Residence, No. 4615 Lindell Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. Unkn. 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1881

7. AGE: YEARS 57 — MONTHS 3 — DAYS 14 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, 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) Saint Louis, Missouri. 0

FATHER

13. NAME Farnk Tabler 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 1

MOTHER

15. MAIDEN NAME Marion Farr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York

17. INFORMANT (ADDRESS) Clinical Clerk VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 6-29 1938 T R Meyer M D Dr Ph Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1938, to June 26, 1938

I last saw him alive on June 26, 1938. Death is said to have occurred on the date stated above, at 11:25 P.m.

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

	Date of onset
Myocardial degeneration, congestive type of cardiac failure with hypertrophy and dilatation (arteriosclerotic heart).	Unkn
Other contributory causes of importance:	
Arteriosclerotic, generalized.	Unkn.
Bronchitis, chronic.	Unkn.
Syphilis, tertiary	Unkn.

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Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

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.

WHITE PEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 27 1938

REC'D JUL 7 1938

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

Do not use this space.

22994

1. PLACE OF DEATH

County Saint Louis — Registration District No. 784 — File No.

Township Carondelet — Primary Registration District No. 200 — Registered No. 1101

City ~~Jefferson Barracks~~ (No. , Vet Hosp St. Ward)

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2. FULL NAME Leroy Tabler

(a) Residence, No. 4615 Lindell Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1881

7. AGE: YEARS 57 — MONTHS 3 — DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, 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) Saint Louis, Missouri.

FATHER

13. NAME Frank Tabler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Notknown Not known

MOTHER

15. MAIDEN NAME Marion Farr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York.

17. INFORMANT (ADDRESS) Clinical M. Clerk VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE June 28, 1938

19. UNDERTAKER (ADDRESS) Drehmann-Harral 1905 Union Blvd.

20. FILED JUN 27 1938 T. R. Meyer M. D. Dep. N Registrar.

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	Date of onset
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Other contributory causes of importance: Bronchitis, chronic; syphilis, tertiary.	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manifa. and laboratory 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 C. W. Hughes

(Signed) C. W. HUGHES, M. D. Chief Med., M. D.

(Address) Officer, VAF Jeff. Barracks, Mo.

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

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