

REC'D FEB 10 1939

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

791  
1003377  
Do not use this space.

## 1. PLACE OF DEATH

- (a) County 2 Registration District No. 791  
(b) Township Primary Registration District No. 1003  
(c) City Saint Louis (d) Street No. 2609 South Grand Blvd (Memorial Home) St. 377  
(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 Christena R. Leath

- (a) Residence, No. 2609 S. Grand Blvd. St. 17  
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
83 1 12

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) Missouri13. NAME Charles Denny14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France15. MAIDEN NAME Martena Mettelberger16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT Louis Bader,  
(ADDRESS) Speode & LeDue Roads18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan. 13, 39.19. FUNERAL DIRECTOR Craig Mortuary,  
(ADDRESS) 4468 Washington Blvd.20. FILED JAN 12 1939 J. B. Bredack Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11/39 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1859 to Jan 10 1859  
I last saw h. at alive on Jan 10, 1939. Death is said to have occurred on the date stated above, at 1:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema  
Chronic myocarditis  
93C  
Other contributory causes of importance:  
Chronic Bronchitis  
Arteriosclerosis

Date of onset 1/11/39

Name of operation ..... Date of .....  
What test confirmed diagnosis? Every 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 No  
(Signed) W. S. Aufersnyder, M. D.  
(Address) 3103 Journal St

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

1 X1204

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.

STATEMENT BY LICENSED EMBALMER

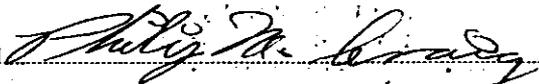
I, Philip M. Craig, Licensed Embalmer No. 3281

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



Licensed Embalmer No. 3281

**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.)**