

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.

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

APR 12 1939

8917
Do not use this space.

791
1008

2682

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, (d) Street No. Missouri Baptist Hospital. St.
(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 CORINE LELAND.

(a) Residence, No. 4049 Washington Blvd 19 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) Jan, 14 - 1858.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81. 2. 3.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Sales Lady.
10. Date deceased last worked at this occupation (month and year) Jan 1939
11. Total time (years) spent in this occupation James Barr Co.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jessup Ala.

FATHER 13. NAME Wm. A. Leland.

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

MOTHER 15. MAIDEN NAME Margaret Sch.

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

17. INFORMANT (ADDRESS) Fred Hume, 11 Carrswold, Clayton

18. BURIAL, CREMATION, OR REMOVAL PLACE. Valhalla Crem DATE March 22nd 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C.R. Lupton & Sons, 7233 Delmar, Blvd., University City,

20. FILED J. P. Brudick Local Registrar
MAR 21 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to March 16 1939
I last saw her alive on March 15 1939. Death is said to have occurred on the date stated above, at 10:17 a.m.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
Date of onset

Other contributory causes of importance:

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? Yes
If so, specify _____
(Signed) O. H. C. Campbell M. D.
(Address) 37 H. E. Grondel Sq.

Dr. O.H. Campbell.
3746 Grandel Square.
2-P.M.
Je-4794

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Clarence H. Murray

Registered Apprentice No.

working under my personal supervision.

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo.*

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.)

If this body is not embalmed, above space should be left blank.