

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

16674
Do not use this space.

791
1003

JUN 12 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City St. Louis (d) Street No. 3824 A Olive St St. 19
(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 Harriet Leonard

(a) Residence, No. 3824 A Olive St. St. 19
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 79 - - -

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) St. Louis Mo

FATHER 13. NAME Edwin Bourgeois

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER 15. MAIDEN NAME Harriet Allen

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

17. INFORMANT Frank Leonard
(ADDRESS) 3824 A Olive St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 8th '39

19. FUNERAL DIRECTOR (NAME) Wagoner Und. Co
(ADDRESS) 3621 Olive St.

20. FILED MAY 5 1939
J. D. Brudick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4-39, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/28/1939 to 5/4/1939
I last saw him alive on May 4th 1939 Death is said to have occurred on the date stated above, at 9 A m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage

Date of onset 5/1/39

Other contributory causes of importance:
Cholelithiasis & Cholecystitis
Hypertension

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?..... 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? no
If so, specify.....
(Signed) Clare E. Lane M.D.
(Address) 14625 Newberry St. Louisiana, 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.

Dr Clyde E. Kase
R. 18 Miami Courts Bldg

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

Registered Apprentice No. _____, working under my personal supervision

Signed

Neville H. Hewitt

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive.*

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.