

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

20382
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. 5870A Delmar Blvd. St. 5
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

791
1008

Registered No. 5226

2. PRINT FULL NAME George Nelson LeClaire,

(a) Residence, No. 5870A Delmar Blvd. St. 5
(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 Male
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 Isabella LeClaire
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1869.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 5 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Moterman
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) Missouri

13. NAME ? LeClaire

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

15. MAIDEN NAME Don't Know

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

17. INFORMANT Isabella LeClaire
(ADDRESS) 5870A Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL Sacred Heart Cem. ^{Harrison Mo}
DATE June 12/39.

19. FUNERAL DIRECTOR (NAME) Jos. W. Clark,
(ADDRESS) 1125 Hodiamont Ave.

20. FILED J. F. Budek
Local Registrar.

JUN 10 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9/39. 19
22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....
I last saw him alive on....., 19..... Death is said
to have occurred on the date stated above, at 2.50 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion;
Arteriosclerosis; Cardiac
Hypertrophy

Other contributory causes of importance:
956

Name of operation..... Date of.....
What test confirmed diagnosis..... Was there an autopsy? yes

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? 44
If so, specify.....
(Signed) Joseph W. Quinn
(Address) Deputy Coroner

Dr. Carl J. Reice
Humbolt Bldg.,
10.45 A.M.
Jer. 1900.

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..... *Jas. W. Clark*.....
Licensed Embalmer No..... 1661.....
P. O. Address..... 1125 Hodiament Ave.....

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.