

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.

REC'D AUG 11 1939  
Registration District No.

**791**  
**1003**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 18 days  
(Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis, 20  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2816 North 23rd St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Amelia Leclair 246  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 7 day July  
 year 1939 hour 4:10 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from 6/20/39  
 \_\_\_\_\_, 19\_\_\_\_, to 7/7, 19\_\_\_\_ 39  
 that I last saw her alive on 7/7, 19\_\_\_\_ 39  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Late Paul E. Leclair 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased Dec. 1st 1861  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Chronic Myocarditis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

8. AGE: Years Months Days If less than one day  
77 7 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Frederick Koch,  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)

MOTHER FATHER  
 14. Maiden name Wilhelmina Soefer  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Olivia Matheis  
 (b) Address 2504 Elliott Ave.

17. (a) Burial (b) Date thereof July 10th,  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Hy Leisner M. Co.  
 (b) Address 1417 N. Market Street.

19. (a) JUL 10 1939  
(Date registered local registrar) (Registered Embalmer)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 23. Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Manner of injury 1  
 28. Signature Ger. M. Pike (M. D. or other) \_\_\_\_\_  
 Address City Hospital Date signed \_\_\_\_\_

**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 Walter L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis 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.**