

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27556

REC'D SEP 14 1939

Registration District No.

701

Primary Registration District No.

Registrar's No.

7056

1. PLACE OF DEATH:

(a) County 1003
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution HOMER G PHILLIPS 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MICHEL LEFLORE 146

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race Colored 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 7 28 1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 11 hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name William Leflore

18. Birthplace Mississippi
(City, town, or county) (State or foreign country)

14. Maiden name Marian Leflore

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Leflore

(b) Address 2824 Spruce St.

17. (a) Burial (b) Date thereof 14-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Worshipers Park

18. (a) Signature of funeral director English and Co

(b) Address 2831 Cheas and

19. (a) AUG 14 1939 (b) J.F. Braddock
(Licensed local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 1 (b) County _____
(c) City or town St. Louis, Mo. 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2824 Spruce St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5 year 1939 hour 14:30 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Depressed Personality as a result of accidentally drinking Kerosene at his home Duration _____
Due to home 2824 Spruce St. on August 7th 1939 at about 9:30 A.M.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence August 7th 1939

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Wm Leflore (M. D. or other)

Address 2824 Spruce St. Date signed 8-14-39

(Licensed Embalmer's Statement on Reverse Side)

Not Embalmed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.