

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X1931

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

27609

State File No. \_\_\_\_\_

Registrar's No. **7109**

Registration District No. **14 291**

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

1. PLACE OF DEATH: **1008**

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(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 10.1 Day  
(Specify whether  
In this community... Both  
years, months or days)

3. (a) PRINT FULL NAME Edna Leroy 600

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 31, 1888  
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 13  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

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

MOTHER FATHER { 12. Name Edward Oberhellmann

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

14. Maiden name Theresa Wise

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

16. (a) Informant's own signature Mrs. Emma LeRoy

(b) Address 4819 Cassette Ave

17. (a) Burial (b) Date thereof Aug. 18-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla cemetery

18. (a) Signature of funeral director Math. Hermann

(b) Address 2161 East Main Ave

19. (a) AUG 13 1939  
(Date recorded) (Year) (Month) (Day)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4819 Cassette Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13  
year 1939 hour 11:55 minute P. M.

21. I hereby certify that I attended the deceased from July 15, 1939 to August 13, 1939  
that I last saw her alive on August 13, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of Esone Duration 5 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Malnutrition  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) 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) Means of injury \_\_\_\_\_

23. Signature Samuel Libman (M. D. or other) MD  
Address City Hospital Date signed 8/14/39

OCT 8 1948

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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 *William G. Buchholz*

Licensed Embalmer No. *2110*

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.