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JUN 22 1943

**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 John Ketter  
Licensed Embalmer No. 3880  
P. O. Address 4355 Washing

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**

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

Do not use this space. **7**

**1. PLACE OF DEATH**  
 County St. Louis Registration District No. 784 File No. 30165  
 Township \_\_\_\_\_ Primary Registration District No. 260 Registered No. 1569-  
 City \_\_\_\_\_ (No) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Leroy B. Finclair  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>M</u>	<b>4. COLOR OR RACE</b> <u>W</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>M</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b>				
<b>7. AGE</b>	<b>YEARS</b> <u>63</u>	<b>MONTHS</b> <u>5</u>	<b>DAYS</b> <u>12</u>	<b>IF LESS than 1 day, _____ hrs. or _____ min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>			
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>				
<b>MOTHER</b>	<b>13. NAME</b>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>			
	<b>15. MAIDEN NAME</b>			
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>				
<b>17. INFORMANT (ADDRESS)</b>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b>				
PLACE _____ DATE _____ 19__				
<b>19. UNDERTAKER (ADDRESS)</b>				
<b>20. FILED</b> <u>9-4-39</u> <u>7R Meyer</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept. 2, 1939

**22. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Ht. Hemiplegia  
Hypertension  
following a cerebral hemorrhage.  
 Other contributory causes of importance: As. Os. Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**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?** \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) D. E. Williamson M. D.  
 (Address) 6336 Clayton Rd.

**PRELIMINARY**

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