

Registration District No. 701
1008

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County ST. LOUIS 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:
3511 EVANS AVE.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether years, months or days)
In this community 57 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town No. Physicians in attendance 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3511 Evans Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME

JAMES F. LEONARD

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race COL

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LAVINIA LEONARD

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased DECEMBER 25 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>9</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Y A 8 0 0

(City, town, or county) (State or foreign country) MISS

10. Usual occupation LABORER

11. Industry or business LAUNDRY WORK

12. Name CLARENCE LEONARD

13. Birthplace MISS.
(City, town, or county) (State or foreign country)

14. Maiden name WINNIE GIBBS

15. Birthplace Y A 8 0 0 MISS
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Barbara Leonard

(b) Address 3511 EVANS AVE.

17. (a) ST. PETERS Date thereof Oct 21 1989
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director ALMER E. PETTIB

(b) Address 3030 BETH AVE.

19. (a) 1989 12 17 1030 (b) J. F. Brudich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 15th
year 1939 hour 8 minute 40 P. M.

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

Immediate cause of death _____
Due to Chronic Myocarditis
Chronic Interstitial Nephritis
Due to _____
Other conditions (include pregnancy within 9 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____

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)
Signature Alfred Perry (M. D. or other) 11
Address Republic Branch Date signed 10.16.39

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.

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 me

Chas. Gairns

Registered Apprentice No. 2349

working under my personal supervision.

Signed

Chas. Gairns

Licensed Embalmer No.

2349

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.