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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3783

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 44

1940

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3806 Avondale Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 3806 Avondale Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Mary T. Leonard
3. (b) If veteran, name war XXXX
3. (c) Social Security No. XXXX
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Leonard
6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased Sept. 28, 1866 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Illinois (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ?
FATHER
12. Name George Elliot
13. Birthplace Unknown (City, town, or county) ? (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature F. W. Leonard
(b) Address 3806 Avondale Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/40 (Month) (Day) (Year)
(c) Place: burial or cremation Decatur, Ill.
18. (a) Signature of funeral director KRAEGER-Voss-Fix,
(b) Address 3402 No. Kingshighway
19. (a) JAN 6 - 1940 (Date received local registrar) (b) J. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6 year 1940 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 1937, 19__, to January 6, 1940; that I last saw her alive on January 6, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, Chronic	3 yrs.
Due to Hypertension	3 yrs.
Due to	
Other conditions (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? In Home (Specify type of place)
While at work? no (e) Means of injury ____

23. Signature C. Rush McAdam (M. D. or other)
Address 7225-a, Natural Bridge Date signed 1/6/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert N. Nagape

Licensed Embalmer No. 1861

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.