7 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12360

Registration District No. 7-84 Primary Registration District No. 200 Registrar's No. 478

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town ~~St. Louis~~ Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mt. St. Rose Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 62 days years, months or days) 243

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 3750 Sylvan Place (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Emma McLeod

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

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

6. (b) Name of husband or wife William McLeod 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased March (Month) 7th (Day) 1895 (Year)

8. AGE: Years 44 Months 11 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business .....

FATHER
12. Name Gus Anderson
13. Birthplace ..... (City, town, or county) Sweden (State or foreign country)

MOTHER
14. Maiden name Mathilda Lindberg
15. Birthplace ..... (City, town, or county) Sweden (State or foreign country)

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

(b) Address 3750 Sylvan Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/40 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4452 Washington Blvd

19. (a) MAR 7 1940 (Date received local registrar) (b) W. R. Meyer M.D. Dir. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1940 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from January 3rd, 1940, to March 5, 1940 that I last saw her alive on March 5, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Fac adv bilat Pulm tbc	
Due to	
Due to	
Other conditions Bronchial asthma (Include pregnancy within 3 months of death) Tuberculous Pericarditis	

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? 707 (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Bernard E. Bauman (M. D. or other)

Address 9101 So Broadway Date signed 3-5-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 Howard F. Rawlins

Licensed Embalmer No. 3114 St. Louis

P. O. Address.....

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

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