FILED JUN 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17193

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4674

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3451 S. Grand 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits write "RURAL")

(d) Street No. 3451 So. Grand Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Leonidas M. Adkinson 325

3. (b) If veteran, name war ----

3. (c) Social Security No. 495-18-0944

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pearl

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Mar. (Month) 23 (Day) 1873 (Year)

8. AGE: Years 67 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Indianapolis (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation Machinistt

11. Industry or business National Cash Register Co.

FATHER
12. Name John Adkinson
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Everett
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Adkinson
(b) Address 3451 So. Grand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/40 (Month) (Day) (Year)
(c) Place: burial or cremation South Cem. Danvill, Ind.

18. (a) Signature of funeral director Wasker-Helderle
(b) Address 3634 Gravois Ave.

19. (a) MAY 28 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1940 hour 3:45 minute p.m. M.

21. I hereby certify that I attended the deceased from May 25, 1940, to May 26, 1940
that I last saw him alive on May 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Failing heart

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

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 None
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature S. A. Mayne M. (M. D. or other)
Address 3606 Gravois Ave. Date signed 5-27-40

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C. Wheeler

Licensed Embalmer No. 4128

P. O. Address [illegible]

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

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