No. 2
-4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40881

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10652

1. PLACE OF DEATH:

(a) County 1

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

(c) Name of hospital or institution: St. Louis Childrens' Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 4 da. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 11

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

(d) Street No. 3023 Magazine
(If rural, give location)

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

3. (a) PRINT FULL NAME Leach, Eugene

3. (b) If veteran, name war Child

3. (c) Social Security No. Child

4. Sex M

5. Color or race C

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

6. (b) Name of husband or wife Child

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

7. Birth date of deceased 11 (Month) - 11 (Day) - 40 (Year)

8. AGE: Years | Months 1 | Days 4 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county), Mo. (State or foreign country) 0

10. Usual occupation Child 0

11. Industry or business 0

MOTHER FATHER
12. Name John
13. Birthplace (City, town, or county) Mo. (State or foreign country)
14. Maiden name Mildred Oliver
15. Birthplace (City, town, or county) Mo. ? (State or foreign country)

16. (a) Informant S Vedder
(b) Address 416 S. Kingshighway

17. (a) (Burial, cremation, or removal) (b) Date thereof 12-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Ira Hamilton
(b) Address City Health Dept

19. (a) DEC 26 1940 (Date received local registrar) (b) J. H. Bredwick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15
year 40 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from 11-11, 1940, to 12-15-, 1940;
that I last saw him alive on 12-15-, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration Pneumonia Otitis Media

Due to Upper Respiratory Infection

Due to Prematurity

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Pneumonia and Ascitic fluid - Otitis media

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. J. Blattner (M. D. or other)
Address 4 S. Kingshighway Date signed

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.