

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

Registration District No. **791**

Primary Registration District No. **1003**

I. PLACE OF DEATH:

(a) 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:
4942 Labadie Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **2**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** **6**
(If outside city or town limits, write "RURAL")
(d) Street No. **4942 Labadie Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ?..... years.

3. (a) PRINT FULL NAME **Mary P. Leonard**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Thomas J. Leonard** 6. (c) Age of husband or wife if alive **25** years **1859**

7. Birth date of deceased **March 25** (Month) (Day) (Year)

8. AGE: Years **81** Months **9** Days **6** If less than one day hr. min.

9. Birthplace **Hartford Wisconsin**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER { 12. Name **Richard Jordan**

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

14. Maiden name **Sallie Crane**
(City, town, or county) (State or foreign country)

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Sallie Leonard**

(b) Address **4942 Labadie Ave.**

17. (a) **Burial** (b) Date thereof **1 - 2 - 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

(d) Address **Cullinane Bros.**

18. (a) Signature of funeral director **1710 N. Grand Blvd.**

(b) Address

19. (a) **DEC 31 1940** (b) **J. W. Brudbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** Day **31**
Year **1940** hour **5** minute **55** AM.

21. I hereby certify that I attended the deceased from **3/20/38**
....., 19....., to **12/31**....., 19**40**

that I last saw her alive on **12/29**....., 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis chronic 12 months

Due to **Myocarditis chronic 18 months**

Arteriosclerosis

Due to **Senile**

Other conditions (Include pregnancy within 3 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?

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

23. Signature **J. W. Brudbeck** (M. D. or other)

Address **1841 1/2** Date signed **12/31/40**

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 Fred Truck

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.