

MAY 13 1941
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3475**

1. 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:
homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos. 5 days
(Specify whether
In this community Life
years, months or days)

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. 4349 Enright Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20
year 1941 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from
1-15- 1941 to 4-20 1941
that I last saw h her alive on 4-20- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix 2 yrs.

Due to bronchopneumonia

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy AS ABOVE

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? _____

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

23. Signature Chas. J. Sales (M. D. or other) 4-26-41
Address 2801 N. Whittier Date signed _____

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

3. (a) PRINT FULL NAME Sarah Blakeman LeFlore

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

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

6. (b) Name of husband or wife Leonard LeFlore 6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased April 1, 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Unavailable

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

14. Maiden name Anzella Unavailable

15. Birthplace Saint Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Willie D. Payne

(b) Address 4229 Enright Avenue

17. (a) Burial (b) Date thereof 4/23/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Sales

(b) Address 4107 Finney Avenue

19. (a) APR 23 1941 (b) J. H. Bredek
(Date received local registrar) (Registrar's signature)

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.....
James A. Johnson....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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, fact should be so stated above.