

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(c) Name of hospital or institution: **City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1-day**  
In this community \_\_\_\_\_  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **William F. Leavea**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**  
6. (b) Name of husband or wife **Letitia F. Leavea** 6. (c) Age of husband or wife if alive **49** years  
7. Birth date of deceased **Jan. 23rd., 1893**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**48** **4** **23** \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Operator**

11. Industry or business **Parking Lot**

MOTHER FATHER { 12. Name **Wm. Leavea**  
13. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Letitia F. Leavea**  
(b) Address **4601 McMillan Ave.**

17. (a) **Burial** (b) Date thereof **6-19-1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laurel Hill**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindell Blvd.**

19. (a) **JUN 18 1941** (b) **J. F. Brudick**  
(Date of issue, local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **001**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **1211**  
(d) Street No. **4601 McMillan Ave.**  
(If rural, give location) **9**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

*W. C. ...*  
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16th.**  
year **1941** hour **3:38** minute **p.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**  
*Due to* **Jan 23rd**  
Duration \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) **96**

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (c) Means of injury **3**  
23. Signature **Arthur J. Donnelly** (M. D. or other) \_\_\_\_\_  
Address **3840 Lindell Blvd.** Date signed **6/18/41**

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

**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 *Stanley Marshall*  
Licensed Embalmer No. *2868*  
P. O. Address *3840 Hindell*

**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.**