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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. 23169

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5521

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: Ho 3 o 23 a Magazine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 months 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 9

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

(d) Street No. 3023 a Magazine 11
(If rural, give location)

(e) If foreign born, how long in U.S.A.? 0 years.

3. (a) PRINT FULL NAME Valery C. Leach

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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 7 | Days 28 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name John Leach 0
13. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mildred McDowell
15. Birthplace Independence (City, town, or county) Kansas (State or foreign country) 1

16. (a) Informant A L McDowell
(b) Address Crescent Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-41 (Month) (Day) (Year) 1941

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bernice Love
(b) Address 3103 Washington

19. (a) JUL 3 1941 (Date received local registrar) (b) F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1941 hour 10 minute 00 A.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.

	Duration
Immediate cause of death Broncho Pneumonia	
Due to Primary	
Due to	
Other conditions (Include pregnancy within 3 months of death) 107	
Major findings: Of operations 107	
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? (e) Means of injury

23. Signature Alfred J Perry (M. D. or other) 3
Address Liberty Corona Date signed 7/3/41

(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 M. Elmer Blackburn

Licensed Embalmer No. 3962

P. O. Address.....

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

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