DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23226

AUG 28 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5578

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

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

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 27 Arundel 5
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Ferdinand P. Le Clerq

3. (b) If veteran, name war

3. (c) Social Security No. 493-03-3217

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna Buschorn LeClerq

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased November (Month) 8 (Day) 1876 (Year)

8. AGE: Years 64 Months 7 Days 25 If less than one day hr. min.

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

10. Usual occupation Manufacturer

11. Industry or business Wire & Iron Co.

FATHER 12. Name Charles LeClerq

13. Birthplace Wittenberg (City, town, or county) Germany (State or foreign country) 4

MOTHER 14. Maiden name Anna Loetch

15. Birthplace Leipzig (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Anna LeClerq

(b) Address 27 Arundel Pl., Clayton, Mo.

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

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Ave.

19. (a) JUL 7 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1941, to July 3, 1941; that I last saw him alive on July 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death) 141

Major findings: Of operations

Of autopsy Hemorrhage in left cerebral hemisphere

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 [signature] (M. D. ~~or other~~) 0

Address BARNES HOSPITAL Date signed 7-3-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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.