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AGENT OF COMMERCE
EAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23822
6164
Registrar's No.

AUG 28 1941
District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmmary.
(If not in hospital or institution, write street address and location) April 21, 1931
(d) Length of stay: In hospital or institution 38yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis.
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No.: 5800 Arsenal St. (If rural, give location) 139
(e) Citizen of foreign country? American. (Yes or No)
If yes, name country 0 No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17,
year 1941 hour 4:30 minute a.m.
21. I hereby certify that I attended the deceased from April
11, 1931 to July 17, 1941
that I last saw him alive on July 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Undiagnosed
generalized arteriosclerosis
sclerotic

Due to _____
Due to _____

Other conditions Chronic Bronchitis, Senility.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1066
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 Loren Blaney (M. D. or other) and
Address 5800 Arsenal St. Date signed 7/21/41

3. (a) PRINT FULL NAME Charles Leonie.

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

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased: June 29, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 1 12 _____ hr. _____ min.

9. Birthplace Indiana. American
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business X

12. Name Dennie Leoni
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Mathews

15. Birthplace Kentucky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant E. Moloney
(b) Address 5800 Arsenal St.

17. (a) _____ (b) Date thereof 7-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. R. Rucker

(b) Address 3500 Rucker
19. (a) JUL 29 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

P. O. Address.....

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.