

FILED AUG 28 1941 791

Primary Registration District No. 1003

Registrar's No. 6170

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: 306 Market St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Victor Leonard

3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-16-8300

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased abt 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace 4 Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(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 James J. Fitzgibbon
(b) Address 1309 E. Clark

17. (a) _____ (b) Date thereof July 3-4
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. R. Ruffin
(b) Address 3600 Ruffin

19. (a) JUL 29 1941 (b) _____
(Date received local registrar) (Registrar's signature)

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. 306 Market St.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____
Registration No. 1374342 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1941 hour 7 minute 25 A.M.

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

Immediate cause of death External hemorrhage from laceration of neck and carotid arteries. Self inflicted with razor in his room at 306 Market St. June 21
Due to 1941 abt 7:25 AM

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

Major findings: 164 168
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) Suicide
(b) Date of occurrence June 21 1941
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Alfred Perry (M. D. or other) 3
Address Deputy Coroner Date signed 7/24

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

MOTHER FATHER

079

001
17
259

FEB 3 1947

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.