

FILLED SEP 17 1941 1

State File No. 6294

Registrar's No.

Registration District No.

Primary Registration District No.

1003

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

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1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Maris Infirmary
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County —
(c) City or town ST LOUIS 199
(If outside city or town limits, write "RURAL")
(d) Street No. 3836 W. Munster
(If rural, give location)
(e) If foreign born, how long in U. S. A. no. 0 years.

3. (a) PRINT FULL NAME Curtis Lesley

3. (b) If veteran, name war — 3. (c) Social Security No. 431-186200

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

6. (b) Name of husband or wife Lena Lesley 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Nov 3, 1900
(Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 25
If less than one day hr. min.

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

10. Usual occupation Laborer - Janitor

11. Industry or business

12. Name Sam Lesley

13. Birthplace Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Miller

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

16. (a) Informant Lena Lesley

(b) Address 3836 West Munster

17. (a) Burial (b) Date thereof July 1, 1941
(Burial, cremation, or removal) (City, town, or county) (State or foreign country)

(c) Place: burial or cremation English Und. Co

18. (a) Signature of funeral director J. W. Bredek
(b) Address 2931 Broadway Ave

19. AUG - 1 1941 (Date received local registrar) (b) J. W. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1941 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from July 23, 1941 to July 28, 1941; that I last saw him alive on July 28, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
caused by malignant hypertension
Due to hypertension

Other conditions Malignant hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

Duration 4 days
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) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? none (Specify type of place) (Specify means of injury)

23. Signature W. E. M. ... (M.D. or other)
Address 3547 W. ... Date signed 7/29/41

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 *Buelson English*
Licensed Embalmer No. *4208*
P. O. Address *2931 Lucas, ave*

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.