

DEC 22 1941

791

STANDARD CERTIFICATE OF DEATH
1003

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 8682

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:
3835 DeTonty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Hattie Mae Leathe

3. (b) If veteran, name war _____

3. (c) Social Security No. N41

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Samuel Leathe

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

7. Birth date of deceased October 9, 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Andrew Kline

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

14. Maiden name Alice Ellis

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

16. (a) Informant Frank Kline

(b) Address 3835 DeTonty

17. (a) Burial (b) Date thereof 11/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) NOV 1 1941 (b) J. F. Bredeck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3835 DeTonty (If rural, give location) 917
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1941 hour 8.00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 9-28, 1940, to 10-30, 1941,
that I last saw her alive on 10-29, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
General arteriosclerosis
Due to Arteriosclerosis of sigmoid
Due to _____

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

Major findings: Of operations 10-12-40
Colectomy
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 Eugene J. Bradley (M. D. or other) _____
Address 634 N. Grand Date signed 10-31-41

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.....

Flora Eynak

Licensed Embalmer No.....

1284

P. O. Address.....

St. Louis Mo.

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.