

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

00
19
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
37 Years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 080
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4229 Prairie Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alfred G. Leaver

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Emma L. Leaver nee Grab
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased April 1, 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Benjamin Leaver
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Margaret
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Effie M. Koch
(b) Address 1204 Woodlan Dr. RH.

17. (a) Burial (b) Date thereof 1/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JAN 4 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2,
year 1942 hour 6:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from 12-28-41
19 _____ to 1-2 19 42
that I last saw him alive on 1-1 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration ?

Due to _____

Due to _____

Other conditions upper respiratory infection 10 days
(Include pregnancy within 3 months of death) due severe cold

Major findings: Of operations _____
Of autopsy ASC

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? _____

While at work? _____ (Specify type of place) Means of injury _____
23. Signature Eugene J. Arnold (M. D. or other) MD
Address 4356 Warne Date signed 1-3-42

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. 2967
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.