U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4615

FILED MAR 17 1942 791

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 1750

1. PLACE OF DEATH:

(a) County ____

(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: 4209 Lexington Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10 000 17 5 0

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4209 Lexington Ave
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME Ernest Leblanc

3. (b) If veteran, name war ____

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Catherine Rindeschwender

6. (c) Age of husband or wife if living 63 years

7. Birth date of deceased Jan 5, 1877 (Month) (Day) (Year)

8. AGE: Years 65 Months 1 Days 19 If less than one day ____ hr. ____ min.

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

10. Usual occupation Boiler Maker (retired)

11. Industry or business ____

FATHER
12. Name John Leblanc
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Leblanc

(b) Address 4209 Lexington Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27-42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig Und. Co

(b) Address 4746 West Florissant

19. (a) FEB 25 1942 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1942 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 26 1942, 19____, to Feb 24 1942, 19____ that I last saw him alive on Jan 26 1942, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Lobar pneumonia
Septicemia

Due to ____

Due to ____

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

Major findings:
Of operations ____
Of autopsy ____

Duration: Chronic (Chronic (months))

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 Gaylord Hoskin (M. D. or other)

Address 4768 Lindell Blvd Date signed 2/25/42

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.