

State File No. ....

FILED JUN 1 1942

Registration District No. 100

Primary Registration District No. 100

Registrar's No. 1141

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Brentwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8756 Brentwood Plc.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis  
(c) City or town Brentwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8708 Pendleton Ave.  
(If rural, give location)  
(e) Citizen of foreign country?.....  
If yes, name country.....

3. (a) PRINT FULL NAME Mildred C. Becker Leonhardt

3. (b) If veteran, name war..... 3. (c) Social Security No. 490-05-0517

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. William A. Leonhardt 6. (c) Age of husband or wife if alive. 25 years

7. Birth date of deceased. March 15, 1916  
(Month) (Day) (Year)

8. AGE: Years 26 Months 2 Days 8 If less than one day  
hr. min.

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

10. Usual occupation. Packer.

11. Industry or business. Wallace Pencil Co.

12. Name Fred Becker

13. Birthplace Bowling Green, Mo. (City, town, or county) (State or foreign country)

14. Maiden name. Carrie Eckelkamp

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

16. (a) Informant Carrie Becker

(b) Address 8756 Brentwood plc.

17. (a) Burial (b) Date thereof. 5/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director. Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) MAY 25 1942 (b) C. H. Beckelman  
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd  
year 1942 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from April 17, 1942 to May 23, 1942  
that I last saw her alive on May 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Pulmonary tuberculosis Duration 13 months

Due to.....  
Due to..... TB

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

Major findings: Of operations. none

Of autopsy. none

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) (e) Means of injury 0

23. Signature C. H. Beckelman (M. D. or Father) M.A.  
Address 2615 Brentwood Blvd. Date signed 5/23/42

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

MOTHER FATHER

96  
0  
0

68-911

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**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.....1994.....

P. O. Address Clayton, Missouri.....

**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.**