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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

19893

State File No. 5818

FILED JUL 20 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1Mo. 13Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis. 9 N3
(If outside city or town limits, write "RURAL")

(d) Street No. 1828 S. Seventh Street
(If rural, give location)

(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leandra Paez

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 1st (Month) (Day) 1877 (Year)

8. AGE: Years 65 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mexico 3 (State or foreign country)

10. Usual occupation Housework

11. Industry or business At. Home

MOTHER, FATHER

12. Name Unknown Martinez

13. Birthplace Mexico 3 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Juana Narez

(b) Address 1828 South Seventh Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9th 1942 (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

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

(b) Address 1905 S. Grand Blvd

19. (a) JUL 8 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7. year 1942 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from May 24. 1942 to July 7. 1942 that I last saw her alive on July 7. 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to Diabetes Mellitus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy refused.

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) O

While at work? (e) Means of injury

23. Signature Louis G. Neudorffer M.D.

Address 1515 Lafayette Avenue Date signed 7/7/42

(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 Howard G. Rowland

Licensed Embalmer No. 3114

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.