

FILED SEP 4 1942 318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 7244

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:
1523 No. Union Blvd. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 1523 No. Union Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Leathea A. Earl.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife William Lee Earl. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 18, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 11 hr. min.

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

10. Usual occupation At Home.

11. Industry or business.....

12. Name Unknown Gibbs.

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

14. Maiden name Ellen Patterson.

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

16. (a) Informant Harvey C. Earl.
(b) Address 5624 Lillian Ave.

17. (a) Burial. (b) Date thereof 9-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Luedel Blvd.

19. (a) AUG 30 1942 J. J. Bruckner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th.
year 1942 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 6-22-41
19..... to 8-24 1942

that I last saw her alive on 8/24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic myocarditis

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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) (c) Means of injury.....

23. Signature Joseph J. Giering (M. D. or other) 8/29
Address 406 S. 40th Date signed.....

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

000
17
9

MOTHER FATHER

844

42

Dr. Dennis
4065 B. Grand
1-3 R

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 William Matie
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.