

FILED JUN 19 1943
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 5431

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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day 6 hrs.
(Specify whether
In this community: 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County:
(c) City or town: St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No.: 2828a Lawton Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Leonia Barclay

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

4. Sex: Female 5. Color or race: Negro 6. (a) Single, widowed, married, divorced: Widow

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

7. Birth date of deceased: May 6, 1890
(Month) (Day) (Year)

8. AGE: Years: 53 Months: 1 Days: 1 If less than one day: hr. min.

9. Birthplace: (City, town, or county) (State or foreign country) Miss.

10. Usual occupation: NH

11. Industry or business:

12. Name: Frank Orderly

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

14. Maiden name: Unknown

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

16. (a) Informant: Shirley M. Smith

(b) Address: 2601 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 14/43
(Month) (Day) (Year)

(c) Place: burial or cremation: Wainwood Cem

18. (a) Signature of funeral director: J. F. Bruck
(b) Address: 2915 7th

19. (a) JUN 14 1943 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 7, year: 1943 hour: 7 minute: 00 P. M.

21. I hereby certify that I attended the deceased from June 6, 1943 to June 7, 1943; that I last saw her alive on June 7, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Malnutrition; Dehydration; Old Hemiplegia

Due to:

Due to:

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

Major findings: Of operations:

Of autopsy:

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:

23. Signature: J. F. Bruck (M. D. or other) Address: 2601 N. Whittier Date signed: 6/14/43

Duration

Unk.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

G. A. Hester

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.