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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1449-McLaran

State File No. 23758

FILED JAN 3 1944

Registration District No. 3147

Primary Registration District No. 6076

Registrar's No. ~~43-20~~ 2881

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town 2520 Jennings Ave.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Elms Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 17

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

(d) Street No. 4631 Oldenburg Ave.
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Emma Leight

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex female

5. Color or race white 1

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Joseph Leight

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

7. Birth date of deceased May (Month) 14 (Day) 1869 (Year)

8. AGE: Years 74 | Months 7 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Peter Oster
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Fletcher
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Clarence Leight

(b) Address 4631 Oldenburg

17. (a) Burial (Burial, cremation, or removal), **(b)** Date thereof 12/24/43 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John S. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) DEC 23 1943 (Date received local registrar) **(b)** C. S. McLaran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21
year 1943 hour 1: minute 25 P M.

21. I hereby certify that I attended the deceased from Dec 8, 1943, to Dec 21, 1943, that I last saw her alive on 12-21, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	2yr?
Due to	
Due to	
Other conditions (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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Eugene L. Arnold (M. D. or other) M.D.

Address 1449 McLaran Date signed 12/21/43

(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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois ave

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.