

FILED JAN 31 1944

Registration District No. **517**

Primary Registration District No. **6076**

1. PLACE OF DEATH: **St. Louis**
 (a) County **Manchester**
 (b) City or town **Manchester**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Pine Crest Home 4**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 yrs 4 mon.**
 In this community **2 yrs. 4 months** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**
 (a) State **Missouri** (b) County **St. Louis 12**
 (c) City or town **St. Louis 9**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1727 S. 11th St.**
(Rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **/**

3. (a) PRINT FULL NAME **Nancy Leet**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None -**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Benjamin Leet** 6. (c) Age of husband or wife if alive **Dead** years
 7. Birth date of deceased **Unknown July 20 - 1867**
(Month) (Day) (Year)

8. AGE: Years **86** Months **6** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Franklin County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

MOTHER FATHER { 12. Name: **James Colter**
 13. Birthplace: **Unknown** **9**
(City, town, or county) (State or foreign country)
 14. Maiden name: **Mary Bacconn**
 15. Birthplace: **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Pine Crest Home**

(b) Address **Ballwin, Mo.**

17. (a) **Burial** (b) Date there **Jan 25 - 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus**

18. (a) Signature of funeral director **Henry W. Heidmuller**

(b) Address **603 Travis**

19. (a) **JAN 26 1944** (b) **E. G. Mc Gowan, JR.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan** day **22**
 year **1944**, hour **2:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept, 1941**
 to **Jan. 22, 1944**
 that I last saw him alive on **Jan. 21, 1944**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**
 Duration _____

Due to _____
 Due to _____

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

Major findings: Of operations _____
 Of autopsy **SPAL**
 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 _____
 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 **R. W. Jaeger** (M. D. or _____)
 Address **Manchester, Mo.** Date signed **1/26/44**

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

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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 *G. W. Wilkinson*
Licensed Embalmer No. *3575*
P. O. Address.....

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.