

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10516**

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:
Missouri Baptist Hospital
(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 Missouri (b) County _____

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

(d) Street No. 4628 W. Rosalie Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Lydia Leezy

3. (b) If veteran, name war No

3. (c) Social Security No. 493-07-2312

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Leodore Leezy

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

7. Birth date of deceased June 6, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace Peoria, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Joseph Clark

13. Birthplace Carlyle, Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Mary Parker

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

16. (a) Informant Mrs. Nellie Pearce

(b) Address 4628 W. Rosalie Ave.

17. (a) Burial (b) Date thereof Dec. 6, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin E. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 4 1945 (b) J. F. Breckner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd
year 1945 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1945, to Dec. 2, 1945, that I last saw her alive on Dec. 2, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiac insufficiency with failure giving rise to passive congestion

Due to _____ days

Mitral Stenosis

Due to _____ days

Rheumatism

Due to _____ days

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

Major findings: _____

Of operations _____

Of autopsy See above

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? _____

23. Signature Paul H. Tracy (M. D. or other) _____
Address 2249 St. Louis ave. Date signed 12/3

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

2311 4/17/1911

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..... *Ralph Linderis*

Licensed Embalmer No..... *4275*

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.