

V. S. No. 2  
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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. **39435**  
Registrar's No. **10691**

**FILED** DEC 21 1945  
Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

17  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(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, 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Two Weeks  
(Specify whether \_\_\_\_\_)  
In this community Lifetime  
(years, months or days)

3. (a) PRINT FULL NAME Elizabeth Valle Leonard,  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Charles E. Leonard, alive \_\_\_\_\_ years  
6. (c) Age of husband or wife if \_\_\_\_\_ years  
7. Birth date of deceased April 18, 1889  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 7 19 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri 1  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Jules Valle  
13. Birthplace St. Genevieve Missouri 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Clover  
15. Birthplace St. Louis Missouri 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Atchinson  
(b) Address 550 Central, Kirkwood Mo.  
17. (a) Burial (b) Date thereof 12/10/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary  
(b) Address 4161 Lindell Blvd.  
19. (a) DEC 10 1945 (b) F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Kirkwoods  
(If outside city or town limits, write "RURAL")  
(d) Street No. 550 Central Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7  
year 1945 hour 8:35 minute P M.  
21. I hereby certify that I attended the deceased from November 15, 1945, to December 7, 1945; that I last saw her alive on December 7, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerular Nephritis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Glomerulitis - Hypertension  
(Include pregnancy within 3 months of death) 1 year

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 F. Brudeck (M. D. or other) \_\_\_\_\_  
Address 4161 Lindell Blvd. Date signed 12/10/45

Duration 1 mo  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 *Robert T. Sangster*

Licensed Embalmer No. *4290*

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.**