

Registration District No. _____

318

Primary Registration District No. _____

100^{1st}

Registrar's No. _____

384

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 yrs. lmo. 25 ds.
In this community 56 yrs.
(Specify whether 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. 5400 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CATHERINE LEONARD

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

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced Sgl.

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

7. Birth date of deceased June 7, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 7 5 _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name John Leonard
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Hannan ?
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant J. Singler
(b) Address 3400 Arsenal St.

17. (a) Burial (b) Date thereof 1-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JAN 14 1946 (Date received local registrar) J. J. Bruesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12,
year 1946 hour 8.05 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan. 1st,
1944 to Jan. 12, 1946
that I last saw her alive on Jan. 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to Chronic Myocarditis 10 yrs.

Due to Cardiac decompensation 6 mos.

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature C. J. McCormell (M. D. or other) M.D.
Address 5400 Arsenal Date signed 1/12/46

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

2777

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..... *Stanley Marshall*
Licensed Embalmer No. *2868*
P. O. Address..... *3840 Lindell*

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.