

Registration District No. **317**

Primary Registration District No. **3069**

Registrar's No. **959**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8-days**
(Specify whether years, months or days)

In this community **12 yrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Clarence H. Leete**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **M. O.** 5. Color or race **W.**

6. (a) Single, widowed, married, divorced **M. /**

6. (b) Name of husband or wife **Hazel N. Leete**

6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **Oct. 14th., 1886**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 59 | 5 | 16 | hr. _____ min. _____ |

9. Birthplace **Mich. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mngr. Apt. & Garage**

11. Industry or business _____

12. Name **Nathaniel Leete**

13. Birthplace **Mich. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Hamilton**

15. Birthplace **Mich. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hazel N. Leete**

(b) Address **4943 Lindell Blvd.**

17. (a) Removal **5-2-46**
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)

(c) Place: burial or cremation **Detroit Michigan**

18. (a) Signature of funeral director **Arthur J. Donnelly** While at work? _____
(Specify type of place)

(b) Address **3840 Lindell Blvd.**

19. (a) **5-1-46** (b) **ES M. Gynamp**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **oav**

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

(d) Street No. **4943 Lindell Blvd.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **30**
year **1946** hour **5** minute **P** M.

21. I hereby certify that I attended the deceased from **Apr. 19, 1946** to **Apr. 30, 1946**
that I last saw him alive on **Apr. 30, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis**
General Arterio. Sclerosis

Due to _____

Due to **gzh**

Duration

11 days

5 yrs.

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? _____

23. Signature **R. Huisella** (M. D. or other) **✓**
Address **3720 Washington** Date signed **5/1/46**

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

MOTHER FATHER

MAY 7 1948

10-11-48

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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.