

S. No. 2
FORM-5-43
Rev. 5-17-39
X 33877

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

State File No. **18640**
Registrar's No. **4487**

FILED MAY 31 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH: **St. Louis, Mo.**
(a) County **St. Louis, Mo.**
(b) City or town **St. Louis, Mo.**
(c) Name of hospital or institution: **Homer G. Phillips Hospital**
(d) Length of stay: **one day**
In this community **R months**

2. USUAL RESIDENCE OF DECEASED:
(a) State **St. Louis, Mo.** (b) County **000**
(c) City or town **St. Louis, Mo.** **9017**
(d) Street No. **1605 Glasgow St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Cleatea Leonard**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **110**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May**, Day **16** of **May**, 1946
Year **1946** hour **11** minute **00** M.
21. I hereby certify that I attended the deceased from
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **negro**
6. (a) Single, widowed, married, divorced, ~~XXXXXX~~
6. (b) Name of husband or wife **none**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan 4th, 1946**

Immediate cause of death
Primary
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months **4** Days **12**
9. Birthplace **St. Louis, Mo.**
10. Usual occupation **none**
11. Industry or business _____

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name **William Leonard**
13. Birthplace _____
14. Maiden name **Carrie Petty**
15. Birthplace _____
16. (a) Informant **Carrie Petty Leonard**
(b) Address **1605 Glasgow, St. Louis, Mo.**
17. (a) **Washington Park** (b) Date thereof **May, 20th, 1946**
(c) Place: burial or cremation **Washington Park**
18. (a) Signature of funeral director **L. Thomas**
(b) Address **2824 Cass Ave., St. Louis, Mo.**
19. (a) **MAY 20 1946** (b) _____

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? _____
(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 **W. H. Hines** (M. D. or other) _____
Date signed **5/21/46**

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.....

J. A. Green

Licensed Embalmer No. 2963

P. O. Address 2910 Franklin

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.