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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1946

State File No. 2

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2011

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Manchester Nursing Home 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos (Specify whether

In this community 2½ mos years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4344a N. Prairie 9 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Raefel Leon

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 16 (Day) 1946 (Year)

8. AGE: Years 0 Months 2 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Louis Leon 1
13. Birthplace (City, town, or county) Roumania 6 (State or foreign country)

MOTHER
14. Maiden name Annabelle Smith 1
15. Birthplace (City, town, or county) Roumania 6 (State or foreign country)

16. (a) Informant Louis Leon

(b) Address 4344a N. Prairie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Chevra Kedisha

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson Avenue.

19. (a) 9-30-46 (Date received local registrar) (b) Ruth Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1946 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from July 17, 1946, to Sept 23, 1946; that I last saw him alive on Sept 22, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Malnutrition

Due to 15 d

Due to

Other conditions Congenital microcephalic (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature A. S. Nafen M.D. (M. D. or other)

Address 3501 Polomar Date signed 9-24-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4329

P. O. Address.....

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.