No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

11175

State File No. 2742

Registration District No. FILED MAR 24 1947 318

Primary Registration District No. 1003

Registrar's No.

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:
2716 N 21 St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 90 000

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

(d) Street No. 2716 N 21 St Str
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Viola Leach

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Sep 8Th 1872
(Month) (Day) (Year)

8. AGE: Years 74 ------ Months 6 ---- Days 6 --- If less than one day hr. min.

9. Birthplace North Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Redmond
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Knowen
15. Birthplace Norh Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Oather Leach
(b) Address 2716 N 21 St Str

17. (a) BUrial (Burial, cremation, or removal) (b) Date thereof March 16 Th
(Month) (Day) (Year)
(c) Place: burial or cremation Jonesboro Arkansas

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th Str

19. (a) MAR 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1947 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from —
—, 19, to 14 Mar, 1947;
that I last saw her alive on 14 Mar 1947, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage right

Due to arteriosclerosis

Due to

Other conditions
(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

23. Signature Martin C. Spoerman (M. D. or other) M.D.
Address 3633 N. Newstead Date signed 14 Mar 1947

(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: Rex E Campbell

Licensed Embalmer No. 13881

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.