No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 13 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. 19078

Registrar's No. 5427

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: Homer G Phillips Hospital
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 2Mos (Specify whether
In this community 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. 1018 N 14th St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charlie Leslie

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married divorced Wil

6. (b) Name of husband or wife Not known

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

7. Birth date of deceased Sept. (Month) 5 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	8	5	hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Wm. Leslie
13. Birthplace Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minerva Henderson
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Eliaabeth Rhodes
(b) Address 2601 N Whittier St

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 5-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington U

18. (a) Signature of funeral director W. Ritter
(b) Address 3800 Rutgers

19. (a) JUN 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1947 hour 7 minute 15 AM

21. I hereby certify that I attended the deceased from 3-21, 1947 to 5-10, 1947;
that I last saw him alive on May 10, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Bronchitis	
Due to	
Due to	
Other conditions Urinary Retention(etiology undet. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause of 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 Edw B. Williams (M. D. or other)
Address 2601 N Whittier Date signed 5/15/47

Jefferson City Printing Co. (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.....

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.