

No. 2
-1/47
5-17-39

FILED MAR 25 1948

Registration District No. **318**

Primary Registration District No. **1003**

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:
4107 Magnolia Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 72 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County..... Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 27 Arundel Place
(If rural, give location) 4
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... (U)

3. (a) PRINT FULL NAME Mrs. Anna LeClerq
3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Ferdinand P. LeClerq
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased September 19, 1875
(Month) (Day) (Year)

8. AGE: 72 Years 5 Months 26 Da. If less than one day
.....hr.min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

11. Industry or business.....
12. Name Fred Buschorn
13. Birthplace Hanover Germany
(City, town or county) (State or foreign country) 4
14. Maiden name Anna Lessing
15. Birthplace Red Bud Illinois
(City, town, or county) (State or foreign country) 1

16. (a) Informant Mr. Norman C. LeClerq
(b) Address 4107 Magnolia

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 3/18/48
(Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beidervieden F.H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) MAR 15 1948
(Date received local registrar) (Registrar's signature) J. F. Br...

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15th
year 1948 hour 4 minute 20 A. M.
21. I hereby certify that I attended the deceased from 1936
19..... to death 19.....
that I last saw h..... alive on March 3 19.....
and that death occurred on the date and hour stated above. 48
Duration

Immediate cause of death.....
Carcinoma of liver
Carcinoma of gall bladder
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings: Carcinoma of liver - Primary
Of operations: Carcinoma of GB
Of autopsy.....
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?.....
While at work..... (Specify type of place)
(e) Means of injury..... 0

23. Signature Charles H. Jorden (M. D. or other) MD
Address 3720 Washington Date signed 3/15/48

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

MOTHER FATHER

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 Glen W. Hatz

Licensed Embalmer No. 37307

P. O. Address 1936 W. Home

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.