

FILED MAR 25 1948

Registrar's No. 2683

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo
(Specify whether years, months or days)
 In this community 0 5 yr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... St. Louis
(If outside city or town limits, write "RURAL")
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6233 Farnous
Memorial (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME JOHN LEONARD

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Mar'd
 6. (b) Name of husband or wife..... Mary 6. (c) Age of husband or wife if alive..... 65 years
 7. Birth date of deceased..... 11 - 30 1971
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>76</u>	<u>3</u>	<u>27</u>	hr. min

9. Birthplace..... Franklin Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation..... Farmer

11. Industry or business.....

MOTHER FATHER
 12. Name..... Isaac Leonard
 13. Birthplace..... Ill
(City, town, or county) (State or foreign country)
 14. Maiden name..... Nettie Rogers
 15. Birthplace..... Ill
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mary Leonard
 (b) Address..... 6233 Farnous

17. (a) Burial (b) Date thereof..... 3-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Matthews Cem
Rowland Mortuary Service
 18. (a) Signature of funeral director.....
 (b) Address..... 4104 Manchester Ave.

19. (a) MAR 28 1948 (b) J. P. Brennan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 11th
 year..... 1948 hour..... 7 minute..... 15 P.M.

21. I hereby certify that I attended the deceased from 2/12/48
, 19....., to..... March 11th, 19..... 48
 that I last saw him alive on..... March 11th, 19..... 48
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arteriosclerosis, generalized
Hypertensive Cardiovascular Disease

Due to.....
 Due to.....

Other conditions..... Prostate, benign hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 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?.....
(Specify type of place)

While at work..... (e) Means of injury.....
 23. Signature..... Robert L Gilbert 3/12/48
(Date signed)

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

2683

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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address Blair, 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.