FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21083

Primary Registration District No. 1003

Registrar's No. 5429

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: 8801 Lowell St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 1 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 8801 Lowell St. 90
(If rural, give location)
(e) Citizen of foreign country? 8 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERT LEONARD

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex MALE 9

5. Color or race WHITE

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

6. (b) Name of husband or wife RACHEL LEONARD

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

7. Birth date of deceased APRIL (Month) 16 (Day) 1890 (Year)

8. AGE: Years 58 Months 1 Days 28 If less than one day hr. min

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

10. Usual occupation WATCHMAN

11. Industry or business

MOTHER FATHER
12. Name GEORGE LEONARD
13. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
14. Maiden name BIRTHA TRJAN
15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant Rachel Leonard
(b) Address 8801 Lowell St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 16-1948 (Month) (Day) (Year)
(c) Place: burial or cremation FRIEDENS CEM.

18. (a) Signature of funeral director Diedrich H. Horne
(b) Address 8319 Halls Ferry Rd

19. (a) JUN 15 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 13 year 1948 hour 4:50 minute P. M.

21. I hereby certify that I attended the deceased from 1-2, 1948 to 6-13, 1948 that I last saw him alive on 6-13-1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of larynx	4 yrs.
Due to metastasis to neck + others	6 mos.
Due to	
Other conditions (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 Lyn D. Wenrich (M. D. or other) MD
Address 8212 N. Broadway Date signed 6-14-48

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. 2645

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.