

No. 300
d-10-47
v. 5-17-39
I 3904

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34399**
Registrar's No. **9471**

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948
Registration District No. **818**

Primary Registration District No. **1003**

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

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:
3710 Grandell Sq.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3: (a) PRINT FULL NAME **William Leber,**
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex **Male (1)**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single (1)**
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 14 1866**
(Month) (Day) (Year)

8. AGE: Years **82** Months **6** Days **11**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER

12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **John P. Cullinane,**
(b) Address **Civil Courts Bldg.**

17. (a) _____ (b) Date thereof **11-2-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: **Oak Grove Mausoleum**

18. (a) Signature of funeral director **Cullinane Bros.**
(b) Address **3320 N Kingshighway Blvd.**

19. (a) **NOV 1 1948** (b) **J. B. Esater**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **630**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **3710 Grandell Sq.** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **26th**
year **1948** hour **3:20** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Due to **Coronary Sclerosis**
Due to **94th**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury **2**
23. Signature **Patrick E. Taylor** (M. D. or other)
Address **1300 Clark** Date signed **11-1-48**

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

Fred Frick

Licensed Embalmer No. 3186

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.