

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

37022

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 790
 2 Township Central Primary Registration District No. 6033
 1 City Drentwood (No. 8814, Madge Ave St. _____ Ward _____)

2. FULL NAME Leslie W. Block
 (a) Residence No. 8814 Madge Ave St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
		<u>2</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County

MOTHER FATHER

13. NAME Leslie Block

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 2

MOTHER

15. MAIDEN NAME Lucille Nelson.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

17. INFORMANT Leslie Block
 (ADDRESS) 8814 Madge Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cem. DATE Nov. 10, 1932

19. UNDERTAKER Croghan Aud. Co. inc
 (ADDRESS) 7146 Manchester Av.

20. FILED Nov 9, 1932 Will Sulligan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1932, to Nov. 8, 1932
 I last saw him alive on Nov. 8, 1932 Death is said to have occurred on the date stated above, at 1 P. m.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset 11/1/32
107 B
D 107a

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis Physiologic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. H. Conley, M. D.
 (Address) 11 So. York St. St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1932

