

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

Do not use this space.

24693

1. PLACE OF DEATH

County..... Registration District No. 708
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 38674) 7th St. Place

File No.....
 Registered No. 6094
 St. Ward)

2. FULL NAME

(a) Residence, No. 38674 7th St., 16 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward A. Leach</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15, 1862</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>10</u>
		DAYS
		<u>25</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... <u>✓</u>	

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

MOTHER FATHER	13. NAME <u>John Mueller</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Catherine Gindler</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

17. INFORMANT Rev. John B. Leach
 (ADDRESS) Missouri City Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE July 13, 1933

19. UNDERTAKER Osborn & Hoffmeister
 (ADDRESS) 10th & Olive Sts.

20. FILED JUL 12 1933
J. F. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 3 33 to July 10 33.
 I last saw him alive on July 9, 1933. Death is said to have occurred on the date stated above, at 6 pm.
 The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
99
91
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
 If so, specify Yes
 (Signed) W. B. Leach, M. D.
 (Address) 3115 S. Grand

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.

