

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

41041
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 568
 (b) Township St. Charles Primary Registration District No. 6149
 (c) City St. Louis (d) Street No. 568 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME Leo Leon Grove
 (a) Residence, No. 568 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 33 hrs. or min. 1 1 33
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -
 9. Industry or business in which work was done, as saw mill, bank, etc. -
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation 1
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Picking Mo
 FATHER 13. NAME Leon Grove
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desoto Mo
 MOTHER 15. MAIDEN NAME Lucille Dunham
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmdge Ark
 17. INFORMANT (ADDRESS) Mrs. Leon Grove Picking Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Picking Mo DATE 11/23 1939
 19. FUNERAL DIRECTOR (ADDRESS) W. H. Johnson Picking Mo
 20. FILED 11 22 1939 W. H. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1939 to Nov 22 1939
 I last saw him alive on Nov 22 1939. Death is said to have occurred on the date stated above, at 7 1/2 m.
 The principal cause of death and related causes of importance were as follows:
Premature birth Date of onset 7 1/2 m
 Other contributory causes of importance: 16A
 Name of operation - Date of -
 What test confirmed diagnosis? - 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) W. H. Johnson, M. D.
 (Address) Picking Mo

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.

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RECEIVED

District Health Officer No. 8

District File Number 1239484

Date Filed 12/3/39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)