

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 14 1947

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35738**  
Registrar's No. **10500**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months and 4 days (Specify whether days)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 609 Clara Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leon C. Gale

3. (b) If veteran, name war Spanish American  
3. (c) Social Security No. 493-07-4350

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Elva VonWeise  
6. (c) Age of husband or wife if alive Dec'd years  
7. Birth date of deceased 12/29/1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 10 2 hr. min.

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

10. Usual occupation Retired Anaylist

11. Industry or business Scudder Gale Grocery Co

MOTHER FATHER

12. Name Arthur H. Gale

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

14. Maiden name Stella Honey

15. Birthplace Jefferson County Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant James W. Coan

(b) Address Winston Salem North Carolina

17. (a) Burial (b) Date thereof 11/1/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc.

(b) Address 6633 Clayton Road

19. (a) NOV 1 1947 (Date received local registrar)  
[Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31  
year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from August 27  
1947 to October 31 19 47  
that I last saw him alive on October 31 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the larynx.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy As above

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 0

23. Signature F. Bradley (M. D. or other)

Address Barnes Hospital Date signed 10/31/47

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

NOV 18 1947

NOV 18 1947

DEC 22 1947

JAN 1 1948

DEC 22 1947

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

*Arnold W. Schene*

Licensed Embalmer No.

*3864*

P. O. Address

*H. 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.