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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33422

Registration District No. 874 336 Primary Registration District No. 6075 618 Registrar's No.

no fee 7.00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Shannon  
(b) City or town Cam Twp, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis, 96  
(c) City or town #19 Ridgetop. (If outside city or town limits, write "RURAL") 0  
(d) Street No. St. Louis County, (If rural, give location) 0  
(e) Citizen of foreign country? NO. (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William E. Leonard  
3. (b) If veteran, name war W. W. # 1. 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 31st  
year 1947 hour 11:00 minute 0 A.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.

4. Sex MO 5. Color or race R 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Blanche E. Leonard. 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased July 9th, 1901.  
(Month) (Day) (Year)

Immediate cause of death Drowning  
(Accidental)  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
46. 1. 25. hr. \_\_\_\_\_ min. \_\_\_\_\_

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

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy no.  
183  
36  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Pres., Leonard Investment Co.

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name James Leonard.  
13. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)  
14. Maiden name Esther Grindrod.  
15. Birthplace Belleville, Illinois.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Blanche E. Leonard.  
(b) Address #19 Ridgetop, St. Louis Co., Mo.  
17. (a) burial. (b) Date thereof 9/3/47.  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident, 101  
(b) Date of occurrence 8-31-47  
(c) Where did injury occur? Cam Twp Shannon Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Current River  
(Specify type of place)  
While at work? Outing (e) Means of injury 3

(c) Place: burial or cremation St. Louis, Missouri.  
18. (a) Signature of funeral director Duncan Funeral Home.  
(b) Address Mountain View, Missouri.

19. (a) 9-6-47 (b) Malcolm Roehl  
(Date received local registrar) (Registrar's signature)

23. Signature J. Hyle M.D. (M.D. or D.O.)  
Address Commerce Date signed 8-31-47

DEC 2 1947

RECEIVED

District Health Officer No. 5

District File Number 947514

Date Filed 9-23-47

SEP 18 1952

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 Joe B. Duncan  
Licensed Embalmer No. 4325

P. O. Address W. View, 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.