DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5274

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 1522

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

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether years, months or days)
In this community 50 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St. Louis. 1726
(If outside city or town limits, write "RURAL")

(d) Street No. 1811a Benton St. 7
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Vade Lord

3. (b) If veteran, name war: No.

3. (c) Social Security No.: None.

4. Sex: Female.

5. Color or race: White.

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Late John Martin.

6. (c) Age of husband or wife if alive: Unknown years

7. Birth date of deceased: June 1 1870.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	8	15	hr. min.

9. Birthplace: Illinois. / (City, town, or county) (State or foreign country)

10. Usual occupation: Housework.

11. Industry or business:

MOTHER / FATHER

12. Name: Joseph Leslie.

13. Birthplace: U. S. A. / 9
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown.

15. Birthplace: Unknown. / 9
(City, town, or county) (State or foreign country)

16. (a) Informant: John Lord.

(b) Address: 1811a Benton St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-41. (Month) (Day) (Year)

(c) Place: burial or cremation: St. Johns cem.

18. (a) Signature of funeral director: Hy. Leidner Und. Co.

(b) Address: 2223 St. Louis Ave.

19. (a) FEB 17 1941 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14, year 1941 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from February 4, 1941 to February 14, 1941; that I last saw her alive on February 14, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Right Cerebral Thrombosis	5 Days
Due to: Generalized Arteriosclerosis	10 yrs
Due to: Essential Hypertension	5 yrs.
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: As above	

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

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature: Roger W. Howell (M. D. or coroner)

Address 1515 Lafayette Ave. Date signed 2-14-41

(Licensed Embalmer's Statement on Reverse Side)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.