

**SUPREME COURT STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

11761

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. HCUS
 City St. Louis, Mo. (No. Sanitarium) St. _____ Ward _____

File No. _____
 Registered No. 2992

2. FULL NAME

Louis Leigh
 (a) Residence No. 2512 N. 21st St. 13 Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 80 yrs. + mos. _____ da. _____ How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 16, 1851.

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, _____ hrs. or _____ min.
80 | 1 | 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Blacksmith
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

14. INFORMANT Wm. R. Summers (Address) 5300 Arsenal

15. FILED 3 19 31 REGISTERAR Wm. R. Summers

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 7-31, 1931, to March 8th, 1931, that I last saw her alive on March 7th, 1931, and that death occurred, on the date stated above, at 3:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
930
162 (duration) _____ yrs. _____ mos. 14 da. +

CONTRIBUTORY (SECONDARY) Senility (duration) _____ yrs. _____ mos. 14 da. +

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 930

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Eligoid
 (Signed) Wm. R. Summers M. D.

3/8, 1931 (Address) 5300 Arsenal

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters DATE OF BURIAL Mar 10 1931

20. UNDERTAKER By Leidner Thud Co. N. Market St. ADDRESS 1417

WRITE PEAKLEY, WITH UNPAID 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.

