

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

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or \_\_\_\_\_

Village \_\_\_\_\_

or \_\_\_\_\_

City St. Louis

Registration District No. 791

File No. 10867

Primary Registration District No. 1003

Registered No. 2252

(NO. 2317 North Market St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Louise Catherine Lefere

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH March 6<sup>th</sup>, 1913  
(Month) (Day) (Year)

DATE OF BIRTH August 27, 1901  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 5<sup>th</sup>, 1913, to Mar 6<sup>th</sup>, 1913, that I last saw her alive on Mar 5<sup>th</sup>, 1913, and that death occurred, on the date stated above, at 6.25 a.m.

AGE 11 yrs. 6 mos. 9 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work School girl  
(b) General nature of industry, business, or establishment in which employed (or employer) O & O

Subacute Meningitis  
24 H  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) St. Louis Mo.

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

PARENTS NAME OF FATHER Barney Lefere BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Louis Mo. MAIDEN NAME OF MOTHER Catherine Belker BIRTHPLACE OF MOTHER (City or town, State or foreign country) Quincy Ill.

(Signed) B. B. Benson M. D. (Address) 2136 Benton St.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

(Informant) Barney Lefere

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(ADDRESS) 2317 N. Market

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence

MAR -6 1913

PLACE OF BURIAL OR REMOVAL Calvary Cem DATE OF BURIAL Mar 8, 1913

Filed Max Starkloff REGISTAR

UNDERTAKER Mullen Ind Co. ADDRESS Coleman + N. Market St.

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.

