

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

Do not use this space.

11656

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No.)

Registration District No. 791
1003
Primary Registration District No. Sanitarium

File No.
Registered No. 3503
St. Ward)

2. FULL NAME

Florence Leveque

(a) Residence No. 3891 Gravois St. 13 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 30, 1883

7. AGE YEARS MONTHS DAYS It LESS than 1 day, hrs. or min.
44 2 28

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown California

10. NAME OF FATHER Belorge LeVeque

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

12. MAIDEN NAME OF MOTHER Virginia Gonzales

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

14. INFORMANT (Address) Fruit & Lobbe 5300 Arsenal

15. FILED 20 1928 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/28/28 19

17. I HEREBY CERTIFY, That I attended deceased from 8/12/27 19, to 3/28/28 19, that I last saw him alive on 3/28/28 19, and that death occurred, on the date stated above, at 2:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of the Stomach
H. B.

CONTRIBUTORY (SECONDARY) 440 (duration) yrs. 1 mos. 19 ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical - Pat + Eysentary
(Signed) Fruit & Lobbe M. D.
3/28 19 (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 Cemetery **DATE OF BURIAL** 3-29 1928

20. UNDERTAKER Arthur J. Donnelly **ADDRESS** 2039 Wash 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.

MISSOURI STATE PERMANENT RECORD

