

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch (No., St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. 25053
Registered No. 233

2. FULL NAME Le Roy, Evelyn

(a) Residence. No. 924 Tower Grove St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 1 mos. 3 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of John C LeRoy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 8 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Edmond LeRue

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

12. MAIDEN NAME OF MOTHER Dolly Hibler

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

14. INFORMANT R Koch Hospital Records
(Address) Koch, Missouri

15. July 10, 1928 L. C. Obrant, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1928

17. I HEREBY CERTIFY That I attended deceased from June 28 6th 1928 to July 9 8, 1928 that I last saw h... alive on July 9 8, 1928, and that death occurred, on the date stated above, at 9:30 Q.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pul. Tuberculosis

2 3/4
2 1/2
About 3 1/2 (duration) x yrs. 7 mos. ds.
CONTRIBUTORY Gastro Intestinal Tbc.
(SECONDARY)
About (duration) 1 Month mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Unknown

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

21. WHAT TEST CONFIRMED DIAGNOSIS? K Ray & Sputum
(Signed) A. J. Hingle, M. D.
7/9/28 (Address) Koch, Mo.

*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

Int Lebanon Cem DATE OF BURIAL 7/11 1928

20. UNDERTAKER

Wm Ambuster and Co 4234 Manchester. ADDRESS

WHITE PLAINLY, WITH UNFADING 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.

