

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

Do not use this space.

38874

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **419**)

St. **W. Leffingwell** (Ward)

File No.

Registered No. **11540**

2. FULL NAME

(a) Residence, No. **Margaret La Fleur** St. **21** Ward.
(Usual place of abode)

(If nonresident give city or town and State)

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

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

Fabian La Fleur

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

Aug 5th 1841

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

87

3

20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(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)

Mo

10. NAME OF FATHER

Francis Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Sarah Degeun

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT (Address)

Mrs. Helene Koeller 419^a Leffingwell

15.

FILED

27 1928

W. R. Lettman

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 25 1928**

17. I HEREBY CERTIFY That I attended deceased from **June 20**, 1927, to **Nov 25**, 1928. That I last saw her alive on **Nov 25**, 1928, and that death occurred, on the date stated above, at **4:30 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
121
10711 (duration) yrs. mos. **4** da.

CONTRIBUTORY (SECONDARY) **Chronic Interstitial Nephritis**
(duration) yrs. mos. **6** da.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) **J. Spaulding**, M. D.
Nov 25, 1928 (Address) **1801 Metropolitan Bldg**

*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

DATE OF BURIAL

St. Peter & Paul Cem **11-28 1929**

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly **2039 9th St. W.**

WRITE PAINLY, 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.

W. S. Sparhawk

1884

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