

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

Do not use this space.

34742

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1000
 City St Louis Mo No. Emmale City Hospital St. 10134 Ward)

2. FULL NAME

Shirley Leeper Leeper
 (a) Residence. No. 2626 Morgan St. 01 Ward. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/18 1930

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

17. No Physician in attendance
 I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/2/1871

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 8 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
59 7 16

THE CAUSE OF DEATH* WAS AS FOLLOWS:

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Teacher 174
 (b) General nature of industry, business, or establishment in which employed (or employer)..... City schools
 (c) Name of employer

stab wound of chest (knife)
 (duration)..... yrs..... mos..... ds.

CONTRIBUTORY (SECONDARY)

Homicide
 (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS John J. Sherry
 (Signed)..... M.D.

10/25, 19 30 (Address) 1214 S. Owen

*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 Peters Cem 10/25 1930

20. UNDERTAKER ADDRESS 2820

Elles Funeral Home Stoddard St.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo
 10. NAME OF FATHER unknown
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Alvira Leeper
 (Address) 2626 Morgan St

15. FILED 211 19..... REGISTRAR Max W. Starker

CAUSE OF DEATH in plain terms, so that it may be properly classified. - Exact statement of OCCUPATION is very important.

