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

Do not use this space.

15504

File No. 40

Registered No.

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 788

Township — Primary Registration District No. 4471

14 City Webster Groves (No. 552 So. Frisco St. Ward)

2. FULL NAME John Henry Le Compte

(a) Residence. No. 552 So. Frisco St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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.

JUN 29 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-27-1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	1	3	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) 251

(c) Name of employer " Retired

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Ewahl Le Compte

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

12. MAIDEN NAME OF MOTHER Maloy Bojosie

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

14. INFORMANT Amanda Le Compte (Address) 552 So. Frisco

15. FILED 6/2, 1931 Dr. M. W. Watrus 4 Carlock REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-30-1931

17. I HEREBY CERTIFY, That I attended deceased from 4/31 ~~4-30-~~ 3, 19.., to 4-30-, 1931 that I last saw him alive on 4-29, 1931, and that death occurred, on the date stated above, at 11 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Chronic~~ Acute Cardiac dilatation from old Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) 13 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 93C

DID AN OPERATION PRECEDE DEATH? No DATE OF 95B

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) W. F. Quealley, M. D.

4/30 1931 (Address) Webster Groves Mo

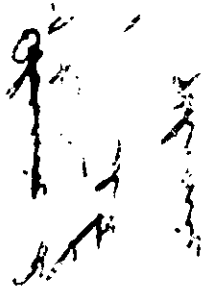
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Genevieve Mo	5-2-1931

20. UNDERTAKER	ADDRESS
McLaughlin 23 W.	Lockwood Webster Groves

MARGIN RESERVED FOR BINDING

WRITE 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.

U. S. No. 2.