

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

Do not use this space.

26283

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis Mo (No. 2942)

File No. 7407
Registered No. 7407
St. Ward

2. FULL NAME

Edward B. Leem (Leem)

(a) Residence, No. 2942 Dodier St. 20 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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) July 11 - 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 20 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Jos. F. Leem

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Wahle C Chambers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Jos. F. Leem, 2942 Dodier St

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE July 31, 1931

19. UNDERTAKER (ADDRESS) Wilson L & Sons Co, 2707 N Grand Blvd

20. FILED LL 1931 Sup C Starnes Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1931

22. I HEREBY CERTIFY that I attended deceased from June 30, 1931 to July 1, 1931. I last saw him alive on July 1, 1931. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Acute appendicitis Date of onset 6-25
1218
129 1201

Other contributory causes of importance: Diffuse peritonitis 6-27

Name of operation Appendectomy Date of
What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) A. P. Stephens, M. D.
(Address) Listed Rd 9

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.

