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.

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

Do not use this space.

30921

File No. .....

Registered No. 8636

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. 791

City St. Louis Mo. (No. Lutheran Hospl 1003 St. ..... Ward)

2. FULL NAME Joan E. Leibundgut

(a) Residence, No. 4035 Hartford St. St., 16 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 26-1932

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Ralph Leibundgut

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

MOTHER

15. MAIDEN NAME Alice Beger

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

17. INFORMANT (ADDRESS) Ralph Leibundgut 4035 Hartford St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus. DATE Sept. 27 - 1932

19. UNDERTAKER (ADDRESS) Ziegenheim Bros. 2683 Cherokee St.

20. FILED SEP 27 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25th 1932.

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1932, to Sept 25, 1932

I last saw her alive on Sept 25, 1932. Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Lutic Meningo Encephalitis	9/14/32
94	
79A	
34	

Other contributory causes of importance:

1

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? 20

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? .....

If so, specify —

(Signed) [signature], M. D.

(Address) 505 Nurse Elect Bldg