

WHITE 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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1033**
City **St. Louis** (No. **767**, **Aubert**)

File No. **24951**
Registered No. **6368**
St. Ward)

2. FULL NAME

M. May Leinker
(a) Residence, No. **767 Aubert** St. **12** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 21 1868**

7. AGE YEARS **64** MONTHS **11** DAYS **1** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**

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) **Versailles** (STATE OR COUNTRY) **Ill.**

13. NAME **James M Sargent**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

15. MAIDEN NAME **Annie M Bassett**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

17. INFORMANT **Mr. Alex Leinker** (ADDRESS) **767 Aubert**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Crematory July 24 1933**

19. UNDERTAKER **A. Kron & Sons Co** (ADDRESS) **2707 W. Grand**

20. FILED **J. B. Beck** Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 22**, 19 **33**

22. I HEREBY CERTIFY That I attended deceased from **July 1**, 19 **33** to **July 22**, 19 **33**
I last saw her alive on **July 21**, 19 **33** Death is said

to have occurred on the date stated above, at **4:10** a.m.

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

diabetic coma
Diabetes Mellitus
Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) **T. J. Kemp**, M. D.
7/22/33 **3760 Lindell**

