

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

Do not use this space.

MAR 28 1935

6772

1. PLACE OF DEATH

County St. Louis Registration District No. 790 File No. _____
 Township _____ Primary Registration District No. 60339 Registered No. 59
 City St. Louis (No. St. Louis County) St. _____ Ward _____

2. FULL NAME

Dr. Leola Jeanine
 (a) Residence, No. 6142 Plymouth St., _____ 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 Female 4. COLOR OR RACE Wh 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) Sept. 6 - 1928

7. AGE YEARS 6 MONTHS 5 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-Girl

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

13. NAME Charles J. Poole

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

15. MAIDEN NAME Marcella Lynch

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

17. INFORMANT (ADDRESS) Marcella Poole 6142 Plymouth

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Sept. 11, 1935

19. UNDERTAKER (ADDRESS) John J. Ambrose 1725 Marion

20. FILED 219 1935 John J. Ambrose Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8/35 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/5/35, 1935, to 2/8/35, 1935.

I last saw him alive on 2/8/35, 1935. Death is said to have occurred on the date stated above, at 5:44 a.m.

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

Acute purulent Peritonitis Date of onset _____

Other contributory causes of importance: acute purulent Peritonitis Septicemia

Name of operation appendectomy Date of 2/5/35
 What test confirmed diagnosis? post-mortem Was there an autopsy? yes

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

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) James P. Meador, M. D.

(Address) 20 Louis Co. Hosp. Clayton

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.

