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

Do not use this space.

FEB 8 1937

791

1008

File No. 3395

Registered No. 427

1. PLACE OF DEATH

County .....

Registration District No. .....

Township .....

Primary Registration District No. .....

City St. Louis (No. 500 S. Kingshighway; St. Louis Children's Hospital St. ..... Ward)

2. FULL NAME Rita Delphine LeRoy

(a) Residence, No. 6525 Bartmer Ave., St., N.R. Ward. University City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred II yrs. 3 mos. 9 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) 9-29-25

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	II	3	10	

OCCUPATION

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.

FATHER

13. NAME William LeRoy

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

MOTHER

15. MAIDEN NAME Grace Regan

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

17. INFORMANT J. McIlvin
(ADDRESS) 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Jan. 12/37.

19. UNDERTAKER Jos. W. Clark
(ADDRESS) 1125 Hodiamont Ave.,

20. FILED JAN 11 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) I-8-37, 19

22. I HEREBY CERTIFY, That I attended deceased from I-7-37, 19.., to I-8-37, 19.37

I last saw her alive on 1-8, 19.37. Death is said to have occurred on the date stated above, at 10:20 p.m.

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

	Date of onset
Diphtheria, pharyngeal	
Streptococcus infection of throat	
Streptococcus cellulitis of neck	

Other contributory causes of importance:

Acute myocardial failure
Toxic myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) Ralph N. Barlow, M. D.

(Address) 500 S. Kingshighway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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