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.

OCT 14 1937

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

2

32903
Do not use this space.

1. PLACE OF DEATH

(a) County ..... | Registration District No. 791

(b) Township ..... | Primary Registration District No. 1003 | Registered No. 8957

(c) City St. Louis (d) Street No. 3437 Delmar Ave. St.

(e) Length of residence in city or town where death occurred 56 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., If of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James J. Leebolt

(a) Residence, No. 3437 Delmar Ave. St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
6y	56	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Switchman

9. Industry or business in which work was done, as saw mill, bank, etc. C.B.& Q. R.R.

10. Date deceased last worked at this occupation (month and year) 20 years

11. Total time (years) spent in this occupation

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

FATHER

13. NAME George Leebolt

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

MOTHER

15. MAIDEN NAME Nellie Mylan

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

17. INFORMANT Mrs. C. Coughlin
(ADDRESS) 2935 Harper St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clvary Cem. DATE 9/26/37 19

19. FUNERAL DIRECTOR W.A.Stock Und Co.
(ADDRESS) 2117 E. Grand Ave.

20. SEP 25 1937 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept/23 /37 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 P.M.

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

	Date of onset
Chronic Interstitial Nephritis.	
Oedema of Brain.	

Other contributory causes of importance:

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

What test confirmed diagnosis? ..... 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 ....., 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) Joseph M. Brennan, M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, L Sheldon Calder, Licensed Embalmer No. 3382

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L Sheldon Calder

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed L Sheldon Calder

Licensed Embalmer No. 3382

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)