

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH5800
Do not use this space.
866

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Jean Primary Registration District No. 1002 Registered No. _____
 (c) City Jackson City (d) Street No. 3327 Baltimore St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Helia Infant 120
 (a) Residence, No. 3327 Baltimore St. (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 Female 4. COLOR OR RACE White 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) Feb 19, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
Zero minutes

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 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) Kansas City Mo

FATHER 13. NAME John C Leibig

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

MOTHER 15. MAIDEN NAME Alvina Holon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

17. INFORMANT (ADDRESS) John C Leibig 3327 Baltimore

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph DATE 2-21-38

19. FUNERAL DIRECTOR (ADDRESS) Shehan Funeral Home 4316 Trovost Ave

20. FILED 422 1938 Dr. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-19 1938, to 2-19 1938

I last saw him alive on _____ Death is said to have occurred on the date stated above, at about 8:30am

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

Prematurity (6 mos. infant) Date of onset 1/19

Other contributory causes of importance: _____

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) P. J. De Maria M. D.

(Address) St. Joseph Hospital

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

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

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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