REC'D JUL 12 1939

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

Do not use this space.

791

1008

20615

File No. 5459

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1

Township ..... Primary Registration District No.

City St. Louis, Mo. (No. 1 Saint Louis Maternity Hospital St. ..... Ward)

2. FULL NAME 152 Leffingwell, Infant

(a) Residence, No. 2504 California St. 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Undetermined

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-27-39 (3:00am

7. AGE: 15 wks. Gestation Abortion — YEARS / MONTHS / DAYS — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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, Missouri 0 1

FATHER

13. NAME Leffingwell, Miron

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fargo, S. Dakota 0

MOTHER

15. MAIDEN NAME Range, Estelle Bridget

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

17. INFORMANT (ADDRESS) Miron Leffingwell 2504 California

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Univ. DATE 6-19 1939

19. UNDERTAKER (ADDRESS) Dept of Ob + Gyn Wash University

20. FILED JUN 19 1939 J. F. B. Hedrick Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27, 1939

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:00 A m.

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

15 weeks Abortion

Date of onset

Other contributory causes of importance:

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) Cushman U Newell, M. D.

(Address) 105 Lister Bldg

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.

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