

FILED MAR 24 1942 791

1003

2027

Registration District No.

Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 Days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Elsie Leadbetter

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife David 6. (c) Age of husband or wife if alive 32 years  
7. Birth date of deceased June 16 1916  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
25 8 19 hr. min.

9. Birthplace Elvins Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Frank Cummings  
13. Birthplace Bismarck Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Violet Meyers  
15. Birthplace Potosi Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant David Leadbetter

(b) Address 2618 So. 18th. St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-5-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Leadwood, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Ave.  
19. (a) MAR 4 1942 (Date received local registrar) J. F. Prudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 2618 So. 18th. St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4, year 1942 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from February 26, 19 42 to March 4, 19 42  
that I last saw her alive on March 4, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Tuberculous Meningitis  
Due to Miliary Tuberculosis involving Lungs  
Due to.....

Other conditions 1 mo pregnancy - delayed by Cesarean section 3/2/42

Major findings: Of operations Cesarean section  
Of autopsy Above.

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 0  
23. Signature W. D. Hawker (M. D. number) 3/4/42  
Address 1515 Lafayette Avenue Date signed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed W. W. Wilkerson  
Licensed Embalmer No. 3575

P. O. Address.....

**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.)**

**If this body is not embalmed, fact should be so stated above.**