S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY #78164
National Office of Vital Statistics

FILED NOV 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35983

Registrar's No. 10114

WRITE PLAINLY—USING 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: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 19 9
(d) Street No. 3807 Westminister Place. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAY LEFFELL
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife James Leffel
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased May (Month) 16 (Day) 1880 (Year)

8. AGE: Years 67 Months 5 Days 15 If less than one day hr. min.

9. Birthplace Beacoup (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Practical Nurse
11. Industry or business
FATHER
12. Name Joseph Emil Biejot
13. Birthplace Unknown (City, town, or county) France (State or foreign country) 5
MOTHER
14. Maiden name Adele Michell
15. Birthplace Unknown (City, town, or county) France (State or foreign country) 5
16. (a) Informant Mrs. F. E. Burnett
(b) Address 206 So 3rd St, Paragould Ark
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation Ashley, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) NOV 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 31st year 1947 hour 2:30 minute P M.
21. I hereby certify that I attended the deceased from 10/4/47, 19, to Oct. 31st 19 47 that I last saw her alive on Oct. 31st 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration unknown
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Jwmurphy MD. (M. D. or other)
Address 1515 Lafayette Date signed 10/31/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.