No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10396

FILED APR 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3083

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 050

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4931 Nottingham Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 14 (Yes or No)

If yes, name country 01

3. (a) PRINT FULL NAME BONNIE V. LEBER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Walter

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 26 (Day) 1891 (Year)

8. AGE: Years 57 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Stonefort (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name John Blackman

13. Birthplace (City, town, or county) Ill. (State or foreign country) 1

MOTHER 14. Maiden name Mary A. Henderson

15. Birthplace (City, town, or county) Ill. (State or foreign country) 1

16. (a) Informant Walter P. Leber

(b) Address 4931 Nottingham Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 30 1948 (Date received local registrar) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29 year 1948 hour 11:30 minute A. M.

21. I hereby certify that I attended the deceased from 3/28/48, 19..., to 3/29/48, 19...; that I last saw her alive on 3/29/48, 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death generalized Carcinoma 2

Due to Carcinoma breast - Primary

Due to

Other conditions (Include pregnancy within 3 months of death) 50

Major findings:
Of operations

Of autopsy generalized Carcinoma

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? Means of injury 0

23. Signature E. O. Maslin M.D. (M. D. or other)

Address 3720 Washington WC Date signed 3/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 1955

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 Richard W. Stoveesand

Licensed Embalmer No. 4007

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.