

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17450

Stat File No.

318

1003

4436

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|--|--|---|---|--|--|--|--|----------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | | | |
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>1</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> | | d. STREET ADDRESS (If rural, give location) <u>A.R. 2202 W. Nichols</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trisco Hospital</u> | | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Harold</u> c. (Last) <u>Leeper</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 17 1949</u> | | | | | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>July 23, 1891</u> | | | |
| 9. AGE (In years, last birthday) <u>57</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Risco R.R.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Fort Summit, Mo.</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>John Leeper</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fierer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Laura Leeper</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | 16. SOCIAL SECURITY NO. <u>World War I</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Laura Leeper, Springfield, Mo.</u> | | ADDRESS | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcin Pulmonary Embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma Rectum</u> DUE TO (c) <u>Transverse Colostomy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Rectum</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | <u>460</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>1525X</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>9 Feb 1949</u> , to <u>17 May 1949</u> , that I last saw the deceased alive on <u>17 May 1949</u> , and that death occurred at <u>10:15 A.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Vernon W. Hells M.D.</u> | | | | 23b. ADDRESS <u>4960 Kodak, St. Louis</u> | | 23c. DATE SIGNED <u>17 May 49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>5-18-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>White Memorial Chapel</u> | | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG <u>MAY 18 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Foster</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

822
17
9

JUN 7 1949

MAY 31 1949

JUN 1 1949

4436

JUN 2 1949

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Elmer R. Padwell

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.