

FILED FEB 17 1950

STANDARD CERTIFICATE OF DEATH

6446  
State File No. 1045  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>5439 Geraldine</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5439 Geraldine</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Leonora</b>	b. (Middle) <b>Jean</b>	c. (Last) <b>Lete</b>	<b>Feb. 1, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Nov. 23, 1941</b>	9. AGE (In years last birthday) <b>8</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Effingham, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Frank Lete</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Gounguar</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Lete, 5439 Geraldine Ave.</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Internal Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8:00 a.m. - 10:30 a.m.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Leukemia - Myeloid</b>		
	DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) <b>20 H I</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Oct. 5, 1949**, to **Feb. 1, 1950**, that I last saw the deceased alive, on **Feb. 1, 1950**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. J. H. Sewing D.C.</b>		23b. ADDRESS <b>5342 W. Flourissant Ave.</b>		23c. DATE SIGNED <b>Feb 1 - 1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-1-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Vermillion County</b>	
24d. LOCATION (City, town, or county) (State) <b>Ill</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. H. ppe, 4700 Washington Blvd.</b>			
DATE REC'D BY LOCAL REG. <b>FEB 1 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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

working under my personal supervision.

Student Embalmer No. ....

Signed

*William S. Hallen*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St Charles 71

**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.