

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 24911  
6111 Registrar's No.

FILED JUL 26 1951

318

|  |  |  |   |   |  |   |                                |  |   |  |   |
|--|--|--|---|---|--|---|--------------------------------|--|---|--|---|
| BIRTH NO. _____  |  | REG. DIST. NO. _____   |   | PRIMARY REG. DIST. NO. _____  |  | State File No. _____  |                                | Registrar's No. _____                          |   |  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>0</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u> b. COUNTY _____ |  |   |                                |  |   |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>ST LOUIS</u>  |  |  | c. LENGTH OF STAY (in this place) _____                 |   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>ST LOUIS</u> <u>2199</u> |                                |  |   |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>ST JOHN'S HOSPITAL</u>   |  |  |   | d. STREET ADDRESS<br><u>19 308 N NEWSTEAD AVE</u>   |  | (If rural, give location) <u>0</u>  |                                |  |   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MARY</u>  |  |  | b. (Middle) <u>ELIZABETH</u>                            |   |  | c. (Last) <u>LEEBOLT</u>  |                                |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>JULY 8 1951</u>                         |  |   |
| 5. SEX <u>FEMALE</u>   |  | 6. COLOR OR RACE <u>WHITE</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>   |  | 8. DATE OF BIRTH <u>DEC 12-1888</u>   |                                | 9. AGE (In years last birthday) <u>62</u>      |   | If UNDER 1 YEAR Months <u>6</u> Days <u>13</u> | If UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>ANESTHETIST</u>  |  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>ST JOHN'S HOSPITAL</u>  |  | 11. BIRTHPLACE (State or foreign country)<br><u>WILKES BARRE / PENN</u>                                     |                                |  | 12. CITIZEN OF WHAT COUNTRY?  |  |   |
| 13a. FATHER'S NAME<br><u>JOHN FRANCIS LEEBOLT</u>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>MARY ELIZABETH RUTZ</u> |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>GEORGE LEEBOLT</u>  |                                |  |   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |  |  | 16. SOCIAL SECURITY NO.                                 |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs Mary Patterson 3252 So Grand</u> |   |                                |  |   |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  |  |   |   |  |   |                                |  |   |  |   |
| MEDICAL CERTIFICATION  |  |  |   |   |  |   |                                |  |   |  |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral bleed with generalized metastases</u>   |  |  |   |   |  |   |                                | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 m</u> |   |  |   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  |  |   |   |  |   |                                |  |   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" 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)                                      |   |                                |  |   |  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   |   | 21f. HOW DID INJURY OCCUR?<br><u>170X</u>  |   |                                |  |   |  |   |
| 22. I hereby certify that I attended the deceased from <u>Dec 19 50</u> , to <u>July 8, 1951</u> , that I last saw the deceased alive on <u>July 7, 1951</u> , and that death occurred at <u>3252 So Grand</u> , from the causes and on the date stated above. |  |  |   |   |  |   |                                |  |   |  |   |
| 23a. SIGNATURE <u>W.C. MISSEY</u> (Degree or title) <u>Newseyp</u>   |  |  |   | 23b. ADDRESS <u>634 So Grand</u>  |  |   | 23c. DATE SIGNED <u>7/9/51</u> |  |   |  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL (RAIL)</u>  |  | 24b. DATE <u>JULY 10-1951</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY <u>WILKES BARRE</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>PENN.</u>  |                                |  |   |  |   |
| DATE REC'D BY LOCAL REG. <u>JUL 9 1951</u>   |  | REGISTRAR'S SIGNATURE <u>J.R. Casater</u>  |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm J Robert Ltd U.C. 1905 So Grand</u>   |   |                                |  |   |  |   |

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

AUG 2 1937

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ronald O Yahnke*

Licensed Embalmer No. *3917*

P. O. Address *St Louis Mo*

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.