

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3834

FILED FEB 11 1953

State File No. 0141

BIRTH NO. 5908 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0141

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>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson Barracks 4880</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1043 Van Nostrand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Beath Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephanie</u> b. (Middle) <u>Frances</u> c. (Last) <u>Leanne</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-6-53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1-6-53</u>
9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 YEAR Hours <u>0</u> Min. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	

13a. FATHER'S NAME <u>Fred J. Leanne</u>		13b. MOTHER'S MAIDEN NAME <u>Mamie Lee</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred J. Leanne</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Sept tentorial tear & hemorrhage.</u>		ANTECEDENT CAUSES DUE TO (b) <u>Breath delivery.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 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)	
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>7600</u>	

22. I hereby certify that I attended the deceased from 1-6-53, 1953, to 1-6-53, 1953 that I last saw the deceased alive on 1-6-53 and that death occurred at 6:00A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur J. Meagher MD</u>		23b. ADDRESS <u>3805 So. Broadway</u>		23c. DATE SIGNED <u>1-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 7, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>			

DATE REC'D BY LOCAL REG. <u>JAN 7 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		ADDRESS <u>4228 S. Kingshighway Bl.</u>	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *William B. White*

Licensed Embalmer No. *4291*

P. O. Address. *4228th Kings Highway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.