

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11736

State File No.

BIRTH NO. 404255 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 736

1. PLACE OF DEATH a. COUNTY <u>Saint 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 town(ship)) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Kinloch 4091</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co., Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>336 Jefferson Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONARD</u>			b. (Middle)		c. (Last) <u>STEGALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 14 56</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>19 May 56</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>9 25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unemployed</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Hebrew Stegall</u>			13b. MOTHER'S MAIDEN NAME <u>Anita Travis</u>			14. NAME OF HUSBAND OR WIFE <u>Not married</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 ADDRESS <u>Hebrew Stegall, Kinloch, Missouri</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Tubercular & Tuberculous Hemorrhage due to traumatic injury - Fall</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND 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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Robertson St. Louis Co., Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>3-14-56</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21f. HOW DID INJURY OCCUR? <u>Fall from top of 2 story bunk bed to floor.</u>	
22. I hereby certify that I attended the deceased from <u>3-14, 1956</u> , to <u>3-14, 1956</u> , that I last saw the deceased alive on <u>3-14, 1956</u> , and that death occurred at <u>9:00 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Hisayo Takai M.D.</u>				23b. ADDRESS <u>Clayton, Mo. 601 S. Brentwood.</u>		23c. DATE SIGNED <u>3-15-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>19 Mar 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>Berkeley, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-17-56</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dombrowski</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyd Bros, Kinloch, Mo.</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed.....
Edward A. Flynn

Licensed Embalmer No. *441*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.