

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011918

STATE FILE NUMBER

FILED MAR 21 1958

318

1003

2037

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital				Length of stay in lb 5 days		b. COUNTY St. Louis	
3. NAME OF DECEASED (Type or print) Mae B Leebolt				4. DATE OF DEATH March 14th. 1958		c. CITY OR TOWN St. Louis	
5. SEX F.		6. COLOR OR RACE W.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 1891 March 8th. 1889	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Marissa Illinois		9. AGE (In years last birthday) 69 67	
13. FATHER'S NAME U.K.				14. MOTHER'S MAIDEN NAME U.K.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Mrs. Pearl R. Johnson 4397 West Pine			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumococcal meningitis						INTERVAL BETWEEN ONSET AND DEATH about 7 days	
DUE TO (b) _____						DUE TO (c) 3401	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Pneumococcal peritonitis						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 3-10-58, to 3-14-58 and last saw her/him alive on 3-14-58		Death occurred at 5:15 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Jos. V. O'Donnell				22b. ADDRESS 634 N. Grand		22c. DATE SIGNED 3-15-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3-17-1958		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) St. Louis Missouri	
24. FUNERAL DIRECTOR Arthur J. Donnelly 3840 Lindell Blvd.				25. DATE RECD. BY LOCAL REG. MAR 17 '58		26. REGISTRAR'S SIGNATURE	

Health, Welfare, Public Service, 300, 1-56, 0, 300, 1-56, All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Certified by Aff. 7/9/1958

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

No. 1 Health 13449

10-12

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 *W. M. Saper*

Licensed Embalmer No. 46

P. O. Address 384 W. ...

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.