

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

XC-7663 712
SL 15622 FILED MAR 18 1958

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58-011927
STATE FILE NUMBER

2044

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) a. STATE ILLINOIS b. COUNTY SAINT CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.GRAND, ST. LOUIS, MO.		c. CITY OR TOWN BELLEVILLE 8/20	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET.ADM.HOSPITAL		d. STREET ADDRESS (If outside, give location) 32 245 BRACKETT	
Length of stay in lb 8 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last LEON LE TOURNEAU			4. DATE OF DEATH Month Day Year FEBRUARY 19, 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/1/93	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BURLINGTON, VERMONT	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME MORSE LE TOURNEAU		13b. MOTHER'S MAIDEN NAME MARY ROBERTS		14. NAME OF HUSBAND OR WIFE LAURA LE TOURNEAU	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-1	16. CAUSE OF DEATH BY INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA DUE TO (b) PULMONARY EMPHYSEMA DUE TO (c) CHRONIC BRONCHITIS		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS 13 YEARS 40 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5020		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NCNE <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 Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <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. attended the deceased from 2/11/58 to 2/19/58 and last saw him alive on 2/19/58
Death occurred at 6:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. Westphaelinger	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 2/19/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE H. F. WESTPHAELINGER, M. D.	23c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cem.	23d. LOCATION (City, town, or county) (State) Belleville, Ill.
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24. FUNERAL DIRECTOR E. A. Baldus Belleville, Ill.	25. DATE RECD. BY LOCAL REG. FEB 20 '58	26. REGISTRAR'S SIGNATURE Paul Smith Mo acm
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Edgar A. Baldwin
.....
Licensed Embalmer No. *2846*

P. O. Address *Belleville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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