S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-027160

FILED JUL 21 1958 BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6479

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY ~~Madison~~
c. CITY OR TOWN Collinsville
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 421 Johnann Drive

3. NAME OF DECEASED (Type or Print): a. (First) Joel b. (Middle) Kevin c. (Last) Le Blanc
4. DATE OF DEATH (Month) 6- (Day) 26- (Year) 58
5. SEX Male
6. COLOR OR RACE White
7. ~~MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)~~ Never Married
8. DATE OF BIRTH 3-16-55
9. AGE (In years last birthday) 3 — If under 1 year: Months 3, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) East St. Louis, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Dolten Le Blanc
13b. MOTHER'S MAIDEN NAME Mary Flenniken
14. NAME OF HUSBAND OR WIFE Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Trowbridge, 500 S. Kingshighway

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Tetrology of Fallot (POST OPERATIVE REPAIR)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 7540

19a. DATE OF OPERATION 6/26/58
19b. MAJOR FINDINGS OF OPERATION Tetrology of Fallot
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-21-, 1958, *to* 6-26-, 1958, *that I last saw the deceased alive on* 6-26-, 1958 *and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE J. Neal Middelkamp (Degree or title) M. D.
23b. ADDRESS 500 S. Kingshighway
23c. DATE SIGNED 6-26-58

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 6-27-58
24c. NAME OF CEMETERY OR CREMATORY ST JOHN CEM.
24d. LOCATION (City, town, or county) (State) COLLINSVILLE ILL.

DATE REC'D BY LOCAL REG. JUN 27 58
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALBERT H HOPPE 4700 WASHINGTON BL.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John S Denne

Licensed Embalmer No. 419

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.