

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003201
STATE FILE NUMBER

803

FILED FEB 10 1959

Registration District No. _____ Primary Registration District No. _____ Registrar *2*

300
-57
3
45

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pevely		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR BARNES HOSPITAL INSTITUTION		Length of stay in 1b	d. STREET ADDRESS Rt.1 Box 289		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ROY EDWARD LeBOLD			4. DATE OF DEATH Month Day Year JANUARY 22, 1959		
5. SEX Male	6. COLOR OR RACE (C) White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1904	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 54 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chaufeur		10b. KIND OF BUSINESS OR INDUSTRY Ben Gutman Co.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph LeBond		13b. MOTHER'S MAIDEN NAME Mollie Eldredge		14. NAME OF HUSBAND OR WIFE Mary Yahncke	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-09-9301		17. INFORMANT Address Mary LeBOLD Rt.1. Box 289 Pevely, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EMBOLUS, SUSPECTED					INTERVAL BETWEEN ONSET AND DEATH 6 HOURS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) GASTRECTOMY					4 DAYS
DUE TO (c) DUODENAL ULCER 540.0					UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 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. I attended the deceased from JAN. 2, 1959 , to JAN. 22, 1959 and last saw her alive on JAN. 22, 1959 Death occurred at 3:10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>C. P. Vermillion, M.D.</i> M. D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 1/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 1-26-59	23c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		23d. LOCATION (City, town, or country) (State) St. Louis Co., Mo.	
24. FUNERAL DIRECTOR Wingbermuehle		ADDRESS 3819 S. Grand		25. DATE RECD. BY LOCAL REG. JAN 23 '59	26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> m 26

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 *George J. Kinghorn*

Licensed Embalmer No. *4661*

P. O. Address *St. Louis 18 Mo*

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.