SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-035359
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2674

FILED SEP 27 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bridgeton — Length of stay in 1b 26 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11416 Prospect Dr. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Bridgeton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 11416 Prospect Dr. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Leslie Clarence Middle Last Garwood LeJeune
4. DATE OF DEATH Month Sept Day 21 Year 1961

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-11-1895
9. AGE (last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Painting Contractor
11. BIRTHPLACE (City and state or country) Antioch, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Harmon LeJeune
13b. MOTHER'S MAIDEN NAME Orilla M. Garwood
14. NAME OF HUSBAND OR WIFE Rhoda A. LeJeune

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. #1
17. INFORMANT Rhoda A. LeJeune Address 11416 PROSPECT DR.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio renal failure — INTERVAL BETWEEN ONSET AND DEATH 2 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Emphysema - pulmonary — years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1960, to death and last saw ~~her~~ him alive on 20 Sept 1961
Death occurred at 12:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul R. Whitener (Degree or title) M.D.
22b. ADDRESS 8923 Midland St Louis (14) Mo
22c. DATE SIGNED 22 Sept 61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-23-1961
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Baumann Bros. Inc. ADDRESS 2504 Woodson Rd., Overland 14, Mo.
25. DATE RECD. BY LOCAL REG. 9-22-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

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_____ Signed David C. Gibson

Signature of Student Embalmer

Licensed Embalmer No. 3054

P. O. Address Overland

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.