

FILED JAN 15 1957

STANDARD CERTIFICATE OF DEATH

State File No. 42932

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11542

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1916 Nebraska Ave., 2		d. STREET ADDRESS (If rural, give location) 237 1916 Nebraska Ave.	
3. NAME OF DECEASED (Type or Print) LEONA		4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1956	
a. (First) LEONA		b. (Middle) T.	
c. (Last) DOCTER		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 24, 1885		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewidow		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gaspard Brenon		13b. MOTHER'S MAIDEN NAME Teresa Calais	
14. NAME OF HUSBAND OR WIFE Joseph D. Docter, dec'd.		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. None		17. INFORMANT'S SIGNATURE OR NAME E. St. Louis, <i>Edwin L. Docter</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Apoplexy</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7:20</i> p. m., from the causes and on the date stated above.	
23a. SIGNATURE <i>Garret E. Taylor Caraway</i> (Degree or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12.17.56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 12/20/1956		24c. NAME OF CEMETERY OR CREMATORY Holy Cross	
24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE <i>Edgar A. Pallas, Bellefontaine</i> ADDRESS	
DATE REC'D BY LOCAL REG. DEC 17 1956		REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	
G.P.		(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Edgar R. Baldus

Licensed Embalmer No. 2846

P. O. Address Belleville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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