

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39550
 Do not use this space.

DEC 15 1939

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 360
 (b) Township Syon Primary Registration District No. 5417
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.
 (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 2. PRINT FULL NAME Anna M. Van Leer
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Green Van Leer (Dec)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 10 10
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ill
 FATHER 13. NAME John E. Herlein
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Anna E. Schumacher
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) Ernest Van Leer
Beaufort Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Serry Cent DATE Nov 27 39
 19. FUNERAL DIRECTOR (ADDRESS) G. H. Terzime
Beaufort Mo.
 20. FILED 11/26 1939 J. H. Matthews
 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1939
 22. I HEREBY CERTIFY that I attended deceased from Nov 15 1939 to Nov 25 1939
 I last saw her alive on Nov 24 1939. Death is said to have occurred on the date stated above, at 6:07 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset _____
 Other contributory causes of importance: 87W
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19_____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. H. Matthews, M. D.
 2711 (Address) Beaufort Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, E. H. Lemme, Licensed Embalmer No. 3076

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. H. Lemme

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

E. H. Lemme

Licensed Embalmer No. 3076

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.)