S. No. 2
—11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

28979

State File No. 12

SEP 23 1940

Registration District No. 492

Primary Registration District No. ~~1499~~ 5652A Registrar's No.

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

7

**1. PLACE OF DEATH:**

(a) County Lincoln

(b) City or town Highway #79 near Old Monroe Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether)

In this community one day
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lincoln

(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 1745 Hodiamont
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOSEPH D. DELEAL 44

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of ~~husband~~ or wife Mrs. Ella Gamer De Leal

6. (c) Age of ~~husband~~ or wife if alive 44 years

7. Birth date of deceased January (Month) 19 (Day) 1897 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 43 | 7 | 3 | — hr. — min. |

9. Birthplace Troy Lincoln Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Tavern Keeper

11. Industry or business " "

FATHER
12. Name Joseph De Leal
13. Birthplace Lincoln Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Pierce
15. Birthplace Lincoln Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Andrew Lauritzen

(b) Address Old Monroe Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8/2-40 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Wentzville Mo. 9-4-40

18. (a) Signature of funeral director H. C. Dallmeyer & Sons

(b) Address St. Charles Mo.

19. (a) 9/2/40 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 1st year 1940 hour 8 minute P. M.

21. I hereby certify that I ~~attended the deceased from~~ held inquest Sept 2, 1940, to , 19 ; ~~that I last saw h~~ alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death was result of heart attack as proudly Coroners

~~Due to~~ Jury Verdict

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) heart attack

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or ~~other~~) 5

Address Old Monroe Date signed 9/2/40

(Licensed Embalmer's Statement on Reverse Side) Coroner of Lincoln Co.

## 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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed E. A. Keithly

Licensed Embalmer No. 822

P. O. Address Otallon 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 this body is not embalmed, above space should be left blank.**