

11-10-39
-17-39
X21482

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43841
State File No.

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2304

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Lemay
(c) Name of hospital or institution:
Ringer Rd. Route 11 Box 347
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 15 yrs. (Specify whether years, months or days) _____

3. (a) PRINT FULL NAME Leonard Preston
3. (b) If veteran, name war None 3. (c) Social Security No. 488-01-0984

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife CHRISTENA 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased May 3 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Perryville No. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business Alpha Cement Co.

12. Name Frank Preston

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Christena Preston

(b) Address Route 11 Box 347 Lemay No. Mo.

17. (a) Burial (b) Date thereof Dec. 12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director S. Broadley
(b) Address 7814 S. Broadley

19. (a) DEC 11 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. Ringer Rd. Rt. 11 Box 347
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 9
year 1940 hour 2 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from Dec 8
1940 to Dec 9 1940
that I last saw him alive on Dec 9 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Angina pectoris
Due to _____
Due to 9/4

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Waldo H. Hill (M. D. or other) _____
Address Lemay Mo Date signed Dec 10-40

Duration
Not known
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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

If this body is not embalmed, above space should be left blank.