

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

Do not use this space.

14917

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

Township.....

Primary Registration District No.....

City.....

(No. *City, Papeta*)

File No.....

Registered No. *3823*

St. Ward)

2. FULL NAME

(a) Residence, No. *1216* *Chontau* St., *22* Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *49* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 26 1852*

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>75</i>	<i>5</i>	<i>10</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *River Mate*
 (b) General nature of industry, business, or establishment in which employed (or employer) *Retired*
 (c) Name of employer *U.S. Govt*

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Pennsylvania*

10. NAME OF FATHER

John Lenhardt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Pennsylvania*

12. MAIDEN NAME OF MOTHER

Theresa Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Pennsylvania*

14.

INFORMANT

(Address)

City Papeta

15.

FILED *AD - G. 1922*

May C. Standen

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 6 1928*

17. I HEREBY CERTIFY, That I attended deceased from *March 11*, 19*28* to *April 6*, 19*28*, that I last saw him alive on *April 6*, 19*28*, and that death occurred, on the date stated above, at *1235 A.M.*

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) *Old Cerebral Hemorrhage*

Arteriosclerosis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *NO* DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Robert Simpson*, M. D.

4/6, 19*28* (Address) *City Papeta*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Coccard

April 19 1928

20. UNDERTAKER

ADDRESS

W. F. Clark

728 N. Grand

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

Leubardt.