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.

1938 DEC 21 1938

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

40210
Do not use this space.

1. PLACE OF DEATH
(a) County St Francois | Registration District No. 775
(b) Township Perry | Primary Registration District No. 6050-A Registered No. 86
(c) City Bonne Terre | (d) Street No. Bonne Terre Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Mrs Leona Jaster
(a) Residence, No. 236 Bonne Terre Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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: Fred A. Jaster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 24, 1899
7. AGE: YEARS 39 | MONTHS 7 | DAYS 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Bonne Terre Missouri

FATHER
13. NAME: Peter Mauser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co. Missouri

MOTHER
15. MAIDEN NAME: Barbara Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County Missouri

17. INFORMANT (ADDRESS): Mrs. Barbara Mauser Bonne Terre Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: St Joseph's Cemetery BT. DATE: Nov. 13, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Benham Und Co Bonne Terre Mo
20. FILED: Nov. 12, 1938 N. W. Hawkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-10, 1938
22. I HEREBY CERTIFY, That I attended deceased from By Inquest Autos, 19..
I last saw h... alive on Nov. 10, 1938 Death is said to have occurred on the date stated above, at 4:00 p.m.
The principal cause of death and related causes of importance were as follows:
accidental Death
Date of onset
(Deceased died from burns received when home burned)
Other contributory causes of importance:
Name of operation: 180 Date of
What test confirmed diagnosis? Was there an autopsy?
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. Home
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Elena Bonnie, Corona, M. D.
(Address) Flat River, Mo

(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, O J Claywell, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed O. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.