

Registration District No. 781

Primary Registration District No. 6027

Registrar's No. 12

1. PLACE OF DEATH:

(a) County STE GENEVIEVE
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 80 yrs

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MISSOURI (b) County STE GENEVIEVE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. BEAUAIS TOWNSHIP
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1939 hour 1:00 minute _____ M.

21. I hereby certify that I attended the deceased from Oct 21
_____, 1939, to Oct 31, 1939
that I last saw him alive on Oct 30, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Sedile Gangrene
of left leg Duration 10 days
Due to Aterio-Sclerosis
Due to _____

Other conditions Hypertension Arterial
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) _____
(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 W. H. S. & S. J. S. J. (M. D. or other) _____
Address STE GENEVIEVE MO Date signed 11-1-39

3. (a) PRINT FULL NAME BENJIMAN G. LECLERE 246

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 WIDOWED

6. (b) Name of husband or wife SARAH 6. (c) Age of husband or wife if alive _____ years
LA ROSE

7. Birth date of deceased JAN 22 1847
(Month) (Day) (Year)

8. AGE: Years 92 Months 9 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace PERRY COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name EDMOND LECLERE

13. Birthplace STE GENEVIEVE MO
(City, town, or county) (State or foreign country)

14. Maiden name MATTINGLY

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

16. (a) Informant's own signature J. V. Dechese

(b) Address Minnith 700

17. (a) _____ (b) Date thereof NOV 2 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MINNITH MO

18. (a) Signature of funeral director W. C. Barber

(b) Address Ste Genevieve Mo 705

19. (a) Nov 1 1939 (b) John Thomas
(Date received local registrar) (Registrar's signature)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Leol. Basler

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

working under my personal supervision.

Signed..... *Leol. Basler*

Licensed Embalmer No..... *1985*

P. O. Address..... *St. Genevieve 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.