

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

37339
Do not use this space.

Nov 24 1939

1. PLACE OF DEATH
 (a) County Scott Registration District No. 817
 (b) Township Commerce Primary Registration District No. 440 Registered No. _____
 (c) City Commerce (d) Street No. Commerce, Mo. _____ 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 Lena Ledure Leist
 (a) Residence, No. Commerce, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Joseph Leist

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 8 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housework
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Buffalo (STATE OR COUNTRY) New York

FATHER 13. NAME Joseph Eble

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT John Ledure (ADDRESS) Commerce, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Augustine Cem DATE Nov. 13, 1939

19. FUNERAL DIRECTOR (NAME) L. L. Haman (ADDRESS) Cape Girardeau, Mo.

20. FILED 11-12 19 Nov 24 1939 Mrs Addie Held Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1939, to Nov 10 1939
 I last saw him alive on Nov 10 1939 Death is said to have occurred on the date stated above, at 6:57 P. m.
 The principal cause of death and related causes of importance were as follows:

Labor. Pneumonia
Complicating Senility

Date of onset

Other contributory causes of importance: 108

Name of operation _____ 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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) U. P. Haw _____ M. D.
 (Address) Benton, Mo

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.

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RECEIVED

District Health Officer No. 2

District File Number 1139-252

Date Filed 11-14

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 L. L. Haman

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau, 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.