

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1939 DEC 12 1939

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

40516
Do not use this space.

1. PLACE OF DEATH *Sheeps 2*

(a) County..... *Sheeps* Registration District No. *677*

(b) Township..... *Rolla* Primary Registration District No. *4403* Registered No. *133*

(c) City..... *Rolla* (d) Street No. St.

(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 *Andrew John Leicht*

(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 1, 1889*

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

50 5 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Shoe factory*

9. Industry or business in which work was done, as saw mill, bank, etc. *Foreman*

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) *Jefferson Co Mo*

13. NAME *Reynold Licht*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jefferson Co Mo*

15. MAIDEN NAME *Mary Shumaker*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jefferson Co Mo*

17. INFORMANT (ADDRESS) *Mrs. A. J. Licht Rolla Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Louis Mo* DATE *11/24, 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Mrs. Harry M. Caw Rolla Mo*

20. FILED *Nov. 24, 1939 Jos. F. Ceyes local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *November 22, 1939*

22. I HEREBY CERTIFY That I attended deceased from *November 22, 1939, to November 22, 1939*

I last saw him alive on *November 22, 1939* Death is said to have occurred on the date stated above, at *12:40 P.M.*

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset *11/22/39*

Other contributory causes of importance: *142*

Name of operation: *clinical* Date of: *no*

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

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? *no*

If so, specify

(Signed) *Wm. C. Beckinghaus M.D.*

(Address) *706 S. Olive, Rolla, Mo*

RECEIVED FIELD STATE OF I . .
INDEX CARD RETURNED TO DISTRICT
DATE 11-29-39

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

R. Z. McCaw

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

R. Z. McCaw

Licensed Embalmer No. 3953

P. O. Address Rolla

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.