

Registration District No. 420

Primary Registration District No. 3022

Registrar's No. 9

FILED FEB 9 1940

1. PLACE OF DEATH

(a) County Jefferson

(b) City or town Debato
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 921 S. 4th St. 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 77 years 3 mo / day

USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Debato
(If outside city or town limits, write "RURAL" _____)

(d) Street No. 921 S. 4th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME MAGDALENA LEDINGER

3. (b) If veteran, name war _____

8. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27
year 1940 hour 6 minute 15 p.m.

21. I hereby certify that I attended the deceased from 11-28, 1939, to 1-27, 1940
that I last saw her alive on 1-26, 1940
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Leding 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased Oct. 26 1964
(Month) (Day) (Year)

Immediate cause of death Smility 1 1/2 hr

Duration _____

8. AGE: Years 77 Months 3 Days 1 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions ill-defined
(Include pregnancy within 3 months of death)

9. Birthplace Debato (City, town or county) Mo (State or foreign country)

10. Usual occupation at home

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name George Hamel

13. Birthplace Antwerp Germany
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Tribalet

15. Birthplace Sandusky Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Burch

(b) Address 920 S. 4th St.

17. (a) Burial (b) Date thereof Jan 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery (Debato Mo)

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? ✓

18. (a) Signature of funeral director Dannell B. Dietrich

(b) Address Debato Mo. 301

19. (a) 2-1-40 (b) Jenena Dannell
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury 1

23. Signature Chas E Faller (M. D. or other) _____
Address Debato Mo Date signed 2/2/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Defato 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.