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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Bedford

State File No. **35117**
Registrar's No. **275**

NOV 15 1940

Registration District No. **213** Primary Registration District No. **3014**

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 37 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 326 W. High St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1940 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct 17, 1940, to Oct 23, 1940
that I last saw her alive on Oct 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 5 day

Due to Chorio-epithelioma of brain (metastasis)
Due to Primary Oest in uterus
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none Of autopsy none
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? _____
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Dr. Bedford (M. D. or other) MD
Address Jeff City Mo. Date signed 10-23-40

(Licensed Embalmer's Statement on Reverse Side)

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

3. (a) PRINT FULL NAME Mrs. Pauline Leary

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Arthur Leary 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased July 11, 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>3</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Motschenbach

13. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Wengert

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

16. (a) Informant Arthur Leary

(b) Address 326 W. High, Jeff City, Mo.

17. (a) Burial (b) Date thereof Oct. 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection, J.C. Mo.

18. (a) Signature of funeral director John J. Hennrichs
(b) Address Jefferson City, Missouri

19. (a) 10-23-40 (b) Dr. Bedford
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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.....

Licensed Embalmer No. 3655

P. O. Address. Jefferson City, 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, fact should be so stated above.