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11865

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

APR 10 1941

760A

Primary Registration District No. 5999

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH St. Charles  
 (a) County St. Charles  
 (b) City or town Plum Hill  
 (c) Name of hospital or institution: 1 Pioneer  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Life (Specify whether  
 In this community Life years, months or days)

3. (a) PRINT FULL NAME Leo William Mette  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased April 18 1902  
 (Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer on farm

11. Industry or business \_\_\_\_\_

12. Name Mrs. Mette

13. Birthplace Augusta Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Mrs. Kellner

15. Birthplace Old Monroe Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Mette  
 (b) Address Plum Hill

17. (a) Plum Hill (b) Date thereof 3-29-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plum Hill  
Wentzville Mo.

18. (a) Signature of funeral director Wentzville Mo.  
 (b) Address \_\_\_\_\_  
 19. (a) 4-3-41 (b) Gertude S. Ferrell  
 (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County St. Charles  
 (c) City or town Plum Hill Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 3/26-41 day Wednesday  
 year 1941 hour 1:20 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2-23-41  
 \_\_\_\_\_, 1941, to 3-25, 1941,  
 that I last saw him alive on March 25, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia  
 Due to Arterio Sclerosis 10 days  
18 yrs

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 90

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

23. Signature Charles H. Trace (M. D. or other) MD  
 Address Wentzville Mo. Date signed 3-29-41

**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 \_\_\_\_\_

*P. E. Pittman*

Licensed Embalmer No. 2711

P. O. Address. Wentzville, 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.**