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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38587**  
Registrar's No. **74**

DEC 15 1941  
Registration District No. **421**

Primary Registration District No. **5575**

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

1. PLACE OF DEATH:

(a) County **Jefferson**

(b) City or town **Rural Joachim Township**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson** **50**

(c) City or town **Rural** **8**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **No** **0** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Emory Zack Leutzinger**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 6 1929**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>12</b>	<b>6</b>	<b>25</b>	hr. _____ min. _____

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

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name **Robert Leutzinger**

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

14. Maiden name **Josephine Dickerman**

15. Birthplace **Jefferson County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Leutzinger**

(b) Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **11/3/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillsboro, Missouri**

18. (a) Signature of funeral director **Fink Undertaking Co.**

(b) Address **222 Main St., Festus, Mo.**

19. (a) **11/3/41** (b) **J. E. Rutledge**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **1**  
year **1941** hour **8:30** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Oct 26** 19 **41** to **Nov 1** 19 **41**  
that I last saw him alive on **Nov 1** 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Spinal Meningitis** **1 week**

Due to **unknown**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **gla**

Major findings: Of operations **None**

Of autopsy **None**

Duration

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 \_\_\_\_\_

Signature **Wm. M. D.** M.D. or other \_\_\_\_\_

Address **Peru, Mo.** Date signed **11/3/41**

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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, only

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 3403

P. O. Address Festus 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.**