S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25997

Registrar's No. 7215

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BARNES HOSPITAL O (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 DEACESED: 999

(a) State Illinois (b) County Madison

(c) City or town Edwardsville (If outside city or town limits, write "RURAL") NR

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

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME JOSEPH NICHOLAS LENGLET

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 25 (Day) 1867 (Year)

8. AGE: Years 75 Months 5 Days 42 If less than one day hr. min.

9. Birthplace Unk. France (City, town, or county) 5 (State or foreign country)

10. Usual occupation Retired coal miner

11. Industry or business

MOTHER FATHER

12. Name Louis Lenget

13. Birthplace France 5 (City, town, or county) (State or foreign country)

14. Maiden name Le Grande Domitilde

15. Birthplace France 5 (City, town, or county) (State or foreign country)

16. (a) Informant Marie Snajdr

(b) Address Ewardsville, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/29/42 (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Ave.

19. (a) AUG 28 1942 (Date received local registrar) (b) J. F. Berneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27 year 1942 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from August 26, 1942, to Aug. 27, 1942 that I last saw him alive on August 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema and consolidation.

Due to Exploratory laparotomy ~~and~~

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no pathological lesion found

Of autopsy Generalized arteriosclerosis

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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature C. Barber Mueller (M. D. or other) MD

Address BARNES HOSPITAL Date signed 8-27-42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford O. Burnley

Licensed Embalmer No. 4202 P

P. O. Address St Louis 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.