

FILED JAN -7 1943

Registration District No. 315

Primary Registration District No. 3061

Registrar's No. 52

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Flat River (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... Dona.

3. (a) PRINT FULL NAME FRANK LEIST
(b) If veteran, name war Worldwar I (c) Social Security No. 497052387

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 25th at 1942 hour 2 minute 55 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Rewes Leist 6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased. (Month) 7 (Day) 3 (Year) 1888

21. I hereby certify that I attended the deceased from Dec 24, 1942 to Dec 25th, 1942, that I last saw him alive on Dec 24, 1942, and that death occurred on the date and hour stated above.
Immediate cause of death Fracture, skull basal

8. AGE: Years 54 Months 5 Days 22 If less than one day hr. min.

Due to being struck by auto mobile Duration 8
Due to 110c

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

Other conditions Fracture, complete, simple, head left fibula;
Major findings: Contusions, Bruises
Of operations:

10. Usual occupation mining

Of autopsy None performed

11. Industry or business St Joe Lead Co.

MOTHER FATHER
12. Name Frank Leist
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Myrtle Leist

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident, auto.

(b) Address Flat River Mo.

(b) Date of occurrence Dec 24, 1942

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 27 1942 (Month) (Day) (Year)

(c) Where did injury occur? Flat River, St. Francois Mo. (City or town) (County) (State)

(c) Place: burial or cremation Park view Caldwell Bur.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On public highway

18. (a) Signature of funeral director Calvin B...

While at work? No (Specify type of place) (b) Means of injury Auto.

(b) Address Flat River Mo.

23. Signature J. W. Bondar (M. D. or other)

19. (a) 12-27-42 (Date received local registrar) (b) Byrdie Buhmester (Registrar's signature)

Address Flat River, Mo. Date signed 12-29-42

District Health Officer No. 4
District File Number 143-1874
Date Filed 1-3-43

FEB 17 1943

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.....

P. O. Address.....

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.