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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15200

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 71

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

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution: Carmelite Home
(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 Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles

(c) City or town St Charles
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph A De Leal

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Nellie Pierce

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

7. Birth date of deceased March (Month) 22 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
79	0	16	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo O (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Augustine De Leal
13. Birthplace St Louis (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Susanna Coietsde
15. Birthplace St. Louis (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Raymond De Leal
(b) Address 901 S Fourth, St Charles, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Linn Cem, Wentzville, Mo

18. (a) Signature of funeral director H C Dallmeyer & Sons Co
(b) Address 801 N. Second, St Charles, Mo

19. (a) 4-10-43 (Date received local registrar) (b) Clarence G Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1943 hour 5 minute P M.

21. I hereby certify that I attended the deceased from 5-12-41, 19..., to 4-8-43, 19...; that I last saw him alive on 4-8-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	5 yrs.
Due to 930	
Due to	
Other conditions (Include pregnancy within 3 months of death): Cerebral Hemorrhage	1 month
Arteriosclerosis c Hypertension	5 yrs.

Major findings:
Of operations
Of autopsy

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

23. Signature R J Bud Co (M. D. ~~Coroner~~)
Address 200 Clay Date signed 4-12-43

(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 John E Dallmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles 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.