

LED AUG 7 1943

Registration District No. 324

Primary Registration District No. 4234

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(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)

3. (a) PRINT FULL NAME Fred Leo Siegenthaler

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 single

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

7. Birth date of deceased July 3 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 3 hr. 56 min.

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

10. Usual occupation none

11. Industry or business.....

12. Name Leo Siegenthaler

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

14. Maiden name Dora Schrum

15. Birthplace Reynolds County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Siegenthaler

(b) Address Middlebrook Mo.

17. (a) burial (b) Date thereof. 7-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlebrook Mo. Rt.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 1-24-43 Ironton Mo.

19. (a) 1-24-43 (b) Virginia R. Miller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State C (b) County C 47
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd
year 1943 hour 9:00 minute 00 P. M.

21. I hereby certify that I attended the deceased from 7/3 to 7/3 1943
that I last saw him alive on 7/3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute bilateral Bronchial Pneumonia

Due to Presenescence (6 mo.) Infant

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations.....

Of autopsy.....

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 R. E. Harland M.D. (Specify type of place) (M. D. or other)
Address Ironton Mo. Date signed 7/15/43

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

MOTHER FATHER

1283

RECEIVED

District Health Officer No. 4
District File Number 843-25
Date Filed 8-6-43

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.....

was not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Ansel White.....

Licensed Embalmer No. 3012.....

P. O. Address Director Inc.....

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.