S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 615

Registration District No. 77 Primary Registration District No. 5304 A Registrar's No. 2

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St Thomas 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 Life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME John Leven

3. (b) If veteran, name war ——— 3. (c) Social Security No. ———

4. Sex male 0 5. Color or race white 2 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Sept 6 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
86	4	12	..... hr. ..... min.

9. Birthplace St Thomas Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Machine Business

11. Industry or business .....

FATHER
12. Name Herman Leven
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Marie Thora
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Brandt
(b) Address St Thomas, Mo

17. (a) Burial (b) Date thereof 1/20/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parish Cemetery

18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City, Mo.

19. (a) 1-21-47 (b) R. P. Dorris MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 18
year 1947 hour 6 or PM minute ..... M.

21. I hereby certify that I attended the deceased from 1920 to Jan 18, 1947, to ....., 19....;
that I last saw him alive on Jan 18, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Chronic Myocarditis	
Arterio Sclerosis	
Due to	
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93D
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? 0
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Henry G. Isenberg MD (M.D. or other)
Address Melu, Date signed 1/20/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JAN 27 1947

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.