S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15473

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 615

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 8 hrs 25 min (Specify whether years, months or days)

In this community: life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Buchanan

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No.: 2404 Penn St (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Mary Lederer

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Female 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: 5 (Month) - 12 (Day) - 48 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 8 hr. 25 min.

9. Birthplace: St. Joseph (City, town, or county) Mo (State or foreign country)

10. Usual occupation: ~~Swift & Co.~~ none

11. Industry or business: none ~~Co. St. Joseph~~

FATHER 12. Name: Frederick J. Lederer

13. Birthplace: Kansas city (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name: Marie A. Johannes

15. Birthplace: St Joseph (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Frederick Lederer

(b) Address: 2404 Penn St, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-13-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Olivet Cemetery

18. (a) Signature of funeral director: Barry Funeral Home

(b) Address: St. Joseph, Mo.

19. (a) 6-4-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 12 year 1948 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from 5-12, 1948, to 5-12, 1948; that I last saw h. ex alive on 5-12, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonitis — Duration: 90 min.

Due to: Patent Foramen Ovale — ?

Due to:

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

Major findings: Of operations:

Of autopsy: Patent Foramen Ovale

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: J. H. Alleman (M. D. or other)

Address: St. Joseph, Mo. Date signed: 5/13/48

(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 Victor J. Barsky

Licensed Embalmer No. #212

P. O. Address St Joseph 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.