

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

21124

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. City Hospital #1)
4312

File No.....
Registered No. 5653
St. Ward)

2. FULL NAME

(a) Residence, No. 2022 Hickory St., 22 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia Lett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 3 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 157

10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morley 1
Missouri

FATHER 13. NAME Frank Lett 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Lusie Phelps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Hospital Information
Glenn Temple
City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Oran Mo DATE 6-17-32

19. UNDERTAKER (ADDRESS) Reissner and Co
Oran Mo

20. FILED JUN 15 1932 May Starbuck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932 to June 13, 1932
I last saw him alive on June 13, 1932 Death is said to have occurred on the date stated above, at 10:05 P.

The principal cause of death and related causes of importance were as follows:

Chor. myocardiitis Date of onset
93C
82A 93C
Other contributory causes of importance:
Septic cerebral hemorrhage ①

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) W. Macenish, M. D.
(Address) City Hospital #1

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

