

APR 9 1935

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

Do not use this space.

11236

1. PLACE OF DEATH

County..... Registration District No. **791**
1003
Township..... Primary Registration District No.....
City St. Louis (No. 3753 Page Boul.)

File No.....
Registered No. **2893**
St. Ward)

2. FULL NAME

Robert Letford
(a) Residence, No. 3810 1/2 Evans Ave. St. 11 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruth Letford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 14 - 1896</u>		
7. AGE <u>38</u>	YEARS <u>7</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Milliner</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hat factory (men)</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>
	13. NAME <u>William Letford</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indianapolis Ind.</u>
	15. MAIDEN NAME <u>Mona Wessels</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>
17. INFORMANT <u>William Letford</u> (ADDRESS) <u>405 1/2 Easton Ave.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>March 28 1935</u>	
19. UNDERTAKER <u>Cullinane Bros.</u> (ADDRESS) <u>1710 N. 9th St.</u>	
20. FILED <u>MAR 25 1935</u> <u>J. P. Bredek</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on..... 8:35....., 19..... Death is said to have occurred on the date stated above, at..... 8..... a.m.

The principal cause of death and related causes of importance were as follows:
Myocardial Insufficiency
Chronic Hypertension
Cyanosis
Tobacco
Emphysema

Date of onset

Other contributory causes of importance
108

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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 of injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J. P. Bredek, M. D.
(Address) 3753 Page Blvd.

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.

