

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County *St. Louis*Registration District No. *791*Township *Mo*Primary Registration District No. *1003*City *St. Louis*(No. *St. Lukes Hospital*)File No. *10183*Registered No. *2747*St. *11*

Ward

2. FULL NAME *Wm A Letford*(a) Residence, No. *1221 No Whittier 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

*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

*Mrs. Wm. Letford*

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

*7-10-1880*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*56**7**24*

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

*Commandabeau*

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

*W. P. A.*

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)

*Missouri*

13. NAME

*Wm Letford*

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

*Missouri*

15. MAIDEN NAME

*Maria Wetzel*

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

*Missouri*

17. INFORMANT (ADDRESS)

*Julia Letford 1221 No Whittier St*

18. BURIAL, CREMATION, OR REMOVAL

*Memorial Park Cemetery 3-11-37*

19. UNDERTAKER (ADDRESS)

*Sullivan Undertaker 2849 No Whittier St*

20. FILED

*10 1937*

19

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 8 1937*22. I HEREBY CERTIFY, That I attended deceased from *March 4*, 1937, to *March 8*, 1937.I last saw him alive on *March 8*, 1937. Death is saidto have occurred on the date stated above, at *7:40* a.m.

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

*Carcinomatosis primary cancer in stomach*

Date of onset

Other contributory causes of importance: *HO B*

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 or injury in any way related to occupation of deceased? *no*

If so, specify

(Signed) *Bruce Keamath*, M. D.(Address) *5555 Delmar Blvd.*

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.

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