DEC'D APR 1 1938

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

12179
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis County — Registration District No. 784
(b) Township Normandy — Primary Registration District No. 200 — Registered No. 559
(c) City ~~Arbor Terrace~~ Pine Lawn — (d) Street No. 3714 Avondale Ave., St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Steve Letko 320
(a) Residence, No. 3714 Avondale Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Theresa Letko

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 14, 1887

7. AGE: YEARS 50 — MONTHS 5 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc.
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): Jugo Slavia

FATHER
13. NAME: Anton Letko
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jugo Slavia

MOTHER
15. MAIDEN NAME: Theresa Lochca
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jugo Slavia

17. INFORMANT (ADDRESS): Mrs. Theresa Letko, 3714 Avondale Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemt. DATE 3-29- 1938

19. FUNERAL DIRECTOR (ADDRESS): Wm. F. Paschedag, 2825 N. Grand Blvd.

20. FILED 3-27 1938 T. R. Meyer M.D. Sr. P.H. 707
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:50 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	3/26/38

Other contributory causes of importance:

94 B

Name of operation ..... Date of .....
What test confirmed diagnosis? Med. History 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? no
If so, specify .....
(Signed) John O'Connell, M. D.
(Address) Coroner of St. Louis County.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Wm. F. Paschedag, Licensed Embalmer No. 2311

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Guy W. Wilkinson

L. E.

No. 3575 or by, Registered Apprentice No.

working under my personal supervision.

Signed Wm. F. Paschedag,

Licensed Embalmer No. 2311

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.)