

DEC'D JUL 12 1938

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

20002

Do not use this space.

5141

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City..... **St. Louis** (d) Street No. **1143a N. Union Blvd.**  
 (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

**Lydia C. Ledgerwood,**  
 (a) Residence, No. **1143a N. Union Blvd.** St. **12**  
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 31, 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**55 7 4**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Shoemaker**  
 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) **Indiana**

FATHER 13. NAME **George Ledgerwood**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

MOTHER 15. MAIDEN NAME **Dont Know**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know**

17. INFORMANT (ADDRESS) **Mr. James J. Cullinane, 1710 N. Grand Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **June 6, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Cullinane Brothers 1710 N. Grand Blvd.**

20. FILED **JUN 5 1938** **J. F. Budick** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 4, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **1-19-38**, to **6-4-38**  
 I last saw her alive on **6-4-38** Death is said to have occurred on the date stated above, at **4.03 A.M.**  
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
**Myocarditis**  
**Cardiac Paralysis**  
**Metastatic Carcinoma 1937**

Name of operation **Radical Removal Rt. Breast** Date of **1937**  
 What test confirmed diagnosis? **Prophy** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: **No**  
 Accident, suicide, or homicide? Date of injury  
 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) **Nicholas S. Vitale**, M. D.  
 (Address) **3861 St. Louis Ave**

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.

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STATEMENT BY LICENSED EMBALMER

I, Fred Frick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

**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.)**