

REC'D MAR 13 1939

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

4995
Do not use this space.
1688

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis Mo** (d) Street No. **BARNES HOSPITAL** 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

WILLIAM JACKSON Ledder
(a) Residence, No. **600 S. Kings Highway** St. **18**
(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 **m** 4. COLOR OR RACE **wh** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rose Pulley**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 3, 1884**
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **clerk**
9. Industry or business in which work was done, as saw mill, bank, etc. **(Barnes Hospital)**
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) **New York -**

FATHER 13. NAME **WILLIAM**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York -**

MOTHER 15. MAIDEN NAME **Mac NARRY**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SCOTLAND**

17. INFORMANT **Aleen Johnson**
(ADDRESS) **4469 Gibson Avenue.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Oak Grove Cem.** DATE **Feb. 22, 1939**

19. FUNERAL DIRECTOR (NAME) **CRAIG MORTUARY**
(ADDRESS) **4468 Washington Blvd.**

20. FILED **FEB 22 1939** **J. D. Budick**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2. 20** 19 **39**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 27**, 19**37**, to **Feb 19**, 19**39**
I last saw him alive on **Feb 19**, 19**39**. Death is said to have occurred on the date stated above, at **3:20 A.M.**
The principal cause of death and related causes of importance were as follows:

Coronary occlusion & myocardial infarction

Date of onset

Other contributory causes of importance: **AH**

Name of operation **none** Date of.....
What test confirmed diagnosis? **autops** 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) **Drew Luten** M. D.

(Address).....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed. *Philip M. Lewis*

.....
Licensed Embalmer No. 3281

.....
P. O. Address

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.)

If this body is not embalmed, above space should be left blank.