

151939

CORRECTED COPY

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

16217  
Do not use this space.

MAY 19 1939

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784  
(b) Township Carondelet Primary Registration District No. 200  
(c) City Jefferson Barracks (d) Street No. Vet Shop St.  
(e) Length of residence in city or town where death occurred 3 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clarence B. Ledbetter

(a) Residence, No. 408 N. Sarah Avenue St.  Saint Louis, Missouri  
(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 Mrs. Belle Ledbetter (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 5, 1891

7. AGE YEARS 47 MONTHS 5 DAYS 8 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrical wire man  
9. Industry or business in which work was done, as saw mill, bank, etc. Electric Construction  
10. Date deceased last worked at this occupation (month and year) 5-12-39 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) Springfield, Missouri (STATE OR COUNTRY)

FATHER 13. NAME not known Geo. Ledbetter

FATHER 14. BIRTHPLACE (CITY OR TOWN) now known Cowden Ill. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME not known Lucy Bowen

MOTHER 16. BIRTHPLACE (CITY OR TOWN) now known Booby, Ill. (STATE OR COUNTRY)

17. INFORMANT Clinical Director Jefferson Barracks, Missouri (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Velhalla Cemetery DATE 5-17-39

19. FUNERAL DIRECTOR (NAME) Frost Und. Co. (ADDRESS) 2710 N. Grand

20. FILED MAY 15 1939 G. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1939, to May 13, 1939

I last saw him alive on May 13, 1939 Death is said to have occurred on the date stated above, at 7:25 P.m.  
The principal cause of death and related causes of importance were as follows:

Ulcer, Sigmoid colon, perforated with acute peritonitis.

Date of onset

Unknown

Other contributory causes of importance: None

Name of operation None Date of Autopsy findings  
What test confirmed diagnosis? Autopsy Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury None, 1939  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Yes  
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.  
(Address) VAF., Jefferson Barracks, Mo.

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 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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

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