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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9390**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2873**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Days
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Levi Littleton

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mamie

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased February 27, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	0	30	hr. min.

9. Birthplace Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 10 years

11. Industry or business Medart Patten Pulley Co.

MOTHER FATHER

12. Name John Littleton

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Littleton

(b) Address 6506 Arsenal St.

17. (a) Burial (b) Date thereof 3/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Wacker-Welderle

(b) Address 2331 S. Broadway

19. (a) MAR 28 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 3

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6506 Arsenal St.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26,
year 1940 hour 12:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from March 9, 1940 to March 26, 1940
that I last saw him alive on March 26, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis meningitis
Carcinoma of Colon
Due to Fracture of skull
Fracture of pelvis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 1515 Lafayette Date signed 3/26/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Frank J. Gylant

Licensed Embalmer No. 2645

P. O. Address St Louis Mo.

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.