

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20131

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4943

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3850 Marine Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 10 Years
years, months or days)

3. (a) PRINT FULL NAME Christian R. Le Va

3. (b) If veteran, name war No 3. (c) Social Security No. 491-16-6275

4. Sex Male / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Letitia 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased January 22, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>23</u>	hr. _____ min.

9. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

10. Usual occupation Manufactories Cook

11. Industry or business _____

12. Name George LeVa

13. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Straley

15. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Letitia LeVa

(b) Address 3850 Marine Ave

17. (a) Cremation (b) Date thereof 6/18/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chippewa

19. (a) JUN 16 1941 (b) J. T. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St Louis 1724
(If outside city or town limits, write "RURAL")
(d) Street No. 3850 Marine Ave 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1941 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from June 13, 1941, to June 15, 1941;
that I last saw him alive on June 15, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Paraplegia
(Arteriosclerosis)
Due due to cerebral hemorrhage
Due to _____

Duration
7
Days
2
Years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged etiologically.

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) Means of injury C

23. Signature W. Samsbury (M. D. number) _____
Address 8758 Lafayette Date signed 6-16-41

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

80
17
9

MOTHER FATHER

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.....

Ernest W. Spillars

Licensed Embalmer No.

4080

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, fact should be so stated above.