

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 20454

Registrar's No. 5266

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4446 WESTMINSTER PLACE /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 YEARS  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 100  
(c) City or town ST. LOUIS 1719  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4446 WESTMINSTER PLACE 9  
(If rural, give location)  
(e) Citizen of foreign country? C (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 26  
year 1941 hour 4 minute 8 A.M.

21. I hereby certify that I attended the deceased from  
May 28 1941 to June 26 1941  
that I last saw him alive on June 25 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerotic heart disease  
Duration: 1 mo.

Due to: Arteriosclerosis, general  
several years probably

Due to:

Other conditions: Malnutrition + 1 mo +  
(Include pregnancy within 3 months of death)

Major findings: atherosclerosis  
Of operations: [initials]  
Of autopsy: [initials]  
PHYSICIAN: [signature]  
Underline the cause to which death should be charged statistically.

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 Truman G. Drake (M. D. or other)  
Address 117 N. Taylor Ave. Date signed 6/26/41

3. (a) PRINT FULL NAME CHARLES H. LEDELIE

3. (b) If veteran, name war. (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 ELIZABETH JOHNSON LEDLIE 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased UNKNOWN 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months UNKNOWN Days If less than one day hr. min.

9. Birthplace NEW YORK / NEW YORK  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED CIVIL ENGINEER

11. Industry or business

12. Name JAMES H. LEDLIE

13. Birthplace NEW YORK / NEW YORK  
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE HAY

15. Birthplace NEW YORK / NEW YORK  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ELIZABETH J. LEDLIE

(b) Address 4446 WESTMINSTER PLACE

17. (a) BURIAL (b) Date thereof 6-27-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 LINDELL BLVD.

19. (a) JUN 28 1941 (b) [signature]  
(Date of issue of this certificate) (Registrar's signature)

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

Dr. Thomas G. Drake  
114 W. Taylor Ave.

**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Lindell

**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.