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

FILED SEP 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27187

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6979

1. PLACE OF DEATH:

(a) County FILED SEP 17 1941

(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:
St. Louis City Hospital #1 ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 81 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 125
(If outside city or town limits, write "RURAL")

(d) Street No. 1229A Suburban Tr., 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas Ledbetter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex male ()

5. Color or race White

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

6. (b) Name of husband or wife Rachel M. Ledbutter

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

7. Birth date of deceased Aug. 29, 1866.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	11	30	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Hurbert Ledbutter
13. Birthplace / North Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ? Burke
15. Birthplace / North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Perry Ledbutter
(b) Address 5871 Page Blvd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31/41
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill, Mo.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) AUG 28 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26
year 1941 hour 6:20 minute P M.

21. I hereby certify that I attended the deceased from August 19, 1941 to August 26, 1941;
that I last saw him alive on August 26, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Artery Thrombosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy above and lung infarct	

PHYSICIAN — 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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M.D. or other) ()
Address 1615 Lafayette Date signed 8/27/41

(Licensed Embalmer's Statement on Reverse Side)

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.....Alex J. Neely

Licensed Embalmer No.....5225

P. O. Address.....1125 Hodiamont Ave.,

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

If this body is not embalmed, fact should be so stated above.