

STANDARD CERTIFICATE OF DEATH

State File No. 8869

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 3195

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:
4517 W. EASTON AVE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME PAUL E. Letford

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (e) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased 8-3-1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 8 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name LAWRENCE Letford

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

14. Maiden name BARBARA Letford

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

16. (a) Informant LAWRENCE Letford

(b) Address 4517 W. EASTON AVE

17. (a) BURIAL (b) Date thereof 4-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Preker Cem

18. (a) Signature of funeral director SULLIVAN BRAS

(b) Address 2848 N. Euclid Ave

19. (a) APR 9 1942 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 100
 (c) City or town ST. LOUIS 11 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 4517 W. EASTON
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 9th
 year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 4-7 1942 to 4-9 1942
 that I last saw him alive on 4-8 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 5 days
 Duration

Due to Primary

Due to _____

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 107
 Of autopsy _____

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? _____

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

23. Signature Paul Letford (M.D. or other) MD
 Address 5329 River View Date signed 4/9/42

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

MOTHER FATHER

Dr. J. H. Leibov, 5329 Riverview Blvd - MU-0808
6150 Grosseche - EV-1911

10 am

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.

Signature: *Albert Mayfield*
Licensed Embalmer No. *3077*
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, fact should be so stated above.