

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38990

State File No. _____
Registrar's No. **10541**

FILED DEC 29 1942
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3342 Calvert Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lucy Ledbetter**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Wid.**
6. (b) Name of husband or wife **George Ledbetter** 6. (c) Age of husband or wife if alive **Decd.** years
7. Birth date of deceased **Sept. 16th. 1869**
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **1** If less than one day
hr. _____ min. _____

9. Birthplace **Blue Mound, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER { 12. Name **John Bowen**

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

14. Maiden name **Sarah Cross**

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

16. (a) Informant _____

(b) Address **3342 Calvert Ave**

17. (a) **Burial** (b) Date thereof **12-19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Provost Und. Co.**

(b) **DEC 17 1942** **3710 N. Grand Bldg**

19. (a) **DEC 17 1942** (b) **J. P. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **17th.**
year **1942** hour **4.25** minute _____ A. M.

21. I hereby certify that I attended the deceased from **1932**
_____, 19____, to **Dec 17**, 19**42**
that I last saw **her** alive on **Dec 16**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Shot in Common Duel** Duration **3 days**

Due to **Diabetes & Nephritis**

Due to **Hypertension**

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

Major findings: Of operations **none**

Of autopsy **none**

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) **none**

(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 **Preston C. Nall** (M.D. or other M.D.)

Address **3902 Lafayette** Date signed **12/17/42**

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.