

FILED JUL 24 1943
Registration District No. **17**

Primary Registration District No. **2063**

Registrar's No. **1646**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Clayton Twp. Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis County Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 hours.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **17**
 (c) City or town **St. Louis** **9**
(If outside city or town limits, write "RURAL")
 (d) Street No. **5903A Theodosia Ave.**
(If rural, give location)
 (e) Citizen of foreign country? **1** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Raymond Lethcho**
 3. (b) If veteran, name war _____ 3. (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 **Dorothy Lethcho** 6. (c) Age of husband or wife if alive **20** years
 7. Birth date of deceased **Mar. 22 1921**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 3 25 hr. _____ min.

9. Birthplace **Midland Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chauffeur**

11. Industry or business _____

MOTHER FATHER { 12. Name **Ray E. Lethcho**

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

14. Maiden name **Pearl McClasky**

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

16. (a) Informant **Ray E. Lethcho**

(b) Address **5903a Theodosia Ave.**

17. (a) **Burial** (b) Date thereof **7-20-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Lebanon Cem.**

18. (a) Signature of funeral director **Drehmann-Harral U. Co.**

(b) Address **1905 Union Ave. St. Louis, Mo.**

19. (a) **JUL 19 1943** (b) **C. J. Mc Larry**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17**
 year **1943** hour **3:00** minute **A** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **From injuries received while riding as a passenger in an auto that ran off highway and struck tree.**

Due to **Multiple abrasions and fractures; Intracranial hemorrhage; Subdural Hematoma.**

Other conditions **1700-4-27**
(Include pregnancy, within 3 months of death)

Major findings: Of operations _____ Of autopsy **Yes.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident. 117**

(b) Date of occurrence **July 16, 1943**

(c) Where did injury occur? **Calverton & Florissant**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public place**
(Specify type of place)

(e) Means of injury _____

23. Signature **Edie H. Coroner**
 Address **Kirkwood, Mo. 7-17-43** Date signed

Duration
 Underline the cause to which death should be charged statistically.

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.....

Albert R. Thompson Jr

Licensed Embalmer No.....

4237

P. O. Address.....

St. Louis

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.