

No. 2
1-2-43
5-17-39
X3540

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32565

FILED OCT 2-1943

State File No. 0

Registration District No. 017

Primary Registration District No. 6076

Registrar's No. 2164

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Homes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one month
(Specify whether
In this community 37 years 4
years, months or days)

3. (a) PRINT FULL NAME Patronilla Letman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Joseph Letman 6. (c) Age of husband or wife if alive _____ years
Birth date of deceased March 19 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 4 hr. _____ min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Mary Rudetis

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

16. (a) Informant Mrs. Joacinto

(b) Address 33673 Rutger

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 27 1943
(Month) (Day) (Year)

(c) Place: burial or cremation: Old St. Peter Paul Cemetery

18. (a) Signature of funeral director: Walter - Helderich

(b) Address 3634 Franklin Ave

19. (a) SEP 27 1943 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ballwin 096
(If outside city or town limits, write "RURAL")
(d) Street No. Manchester Rd. 0
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 1, 1943, to Sept 24, 1943
that I last saw her alive on Sept 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic bronchopneumonia Duration 2d

Due to Chronic myocarditis

Due to _____

Other conditions none
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 B. R. Irving (M. D. or other) ms.

Address Ballwin, Mo. Date signed 9.24.43

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

MOTHER FATHER

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..... *Robert Cochran*

Licensed Embalmer No. *2178*

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.