S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7949

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2647

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: 5168 Maple Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5168 Maple Ave.
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Leto Sr.,
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 11. 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	1	11	hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)
10. Usual occupation Secretary
11. Industry or business Italo-American Importing Co.
FATHER
12. Name Gaetanno Leto
13. Birthplace Italy (City, town, or county) 5 (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace Italy (City, town, or county) 5 (State or foreign country)
16. (a) Informant Joseph Leto Jr.
(b) Address 5168 Maple Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26.45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Bernard Niehaus
(b) Address 1431 Union Blve.
19. (a) MAR 23 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1945 hour 6 P.M. minute M.
21. I hereby certify that I attended the deceased from Feb 13/43, 19, to March 22, 1945
that I last saw him alive on March 22, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 1 week
Due to Chronic Nephritis + Chronic Bronchitis not T.B. — indefinite
Due to Arterio Sclerosis + Hypertension
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy no

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 Harry H. Meyer (M. D. or other)
Address 4903 Delmar Date signed 3/23/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Henry Wright
Roosevelt Hotel

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 Frank Buchan

Licensed Embalmer No. 8915

P. O. Address.....

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.