

REGISTRATION DISTRICT NO. \_\_\_\_\_  
MAR 16 1946  
317

PRIMARY REGISTRATION DISTRICT NO. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since 3/10/46  
(Specify whether  
In this community 25 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5903 A Theodosia Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT LETHCHO, Ray Elmore  
FULL NAME

3. (b) If veteran, name war World I  
3. (c) Social Security Unknown

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl Lethcho  
6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February 26 1893  
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Engineer Dept.

11. Industry or business Union Electric Company

12. Name Johnnie Lethcho

13. Birthplace Missouri

14. Maiden name Sadie Emmon

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

16. (a) Informant Clinical Clerk Vet. Adm. Hospital

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 3-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon

18. (a) Signature of funeral director Drehmann Harral Und. Co.

(b) Address 1905 Union, St. Louis, Missouri

19. (a) 3-15-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13  
year 1946 hour 3:08 minute P M.

21. I hereby certify that I attended the deceased from 3/10/46 to 3/13/46

that I last saw him alive on March 13 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE

Duration  
UNK

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions HYPERTENSIVE CARDIO-  
VASCULAR DISEASE; BRONCHO-PNEUMONIA  
(Include diagnosis within 2 months of death)

PHYSICIAN

Major findings: DIABETES MELLITUS  
Of operations \_\_\_\_\_

No Operation

Of autopsy No Autopsy

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) No

(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 [Signature] Cause of injury [Signature]  
(Specify type of place)

23. Signature L. E. STILWELL, M.D. (M. D. or other)  
Address Vet. Adm. Hosp. Jeff. Brks. Mo Date signed 3/13/46

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

3650

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**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 Warren A. Carver

Licensed Embalmer No. 3534

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.**