

No. 2
-8-43
5-17-39
1 X378

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6617
2150
Registrar's No. _____

Registered District No. 1947 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:
St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 day's
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Lawrence C. Lett
 3. (b) If veteran, name war Yes
 3. (c) Social Security No. No

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lydia Helmkamp Lett
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased April 28, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 10 3 hr. min.

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

10. Usual occupation Furnace Contractor

11. Industry or business _____

MOTHER FATHER { 12. Name John Lett
 13. Birthplace Mich.
(City, town, or county) (State or foreign country)
 14. Maiden name Anis Winchester
 15. Birthplace Mich
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lydia Lett
 (b) Address 2727 N. Hanley Road

17. (a) Burial (b) Date thereof Mar. 4, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grave Cemetery

18. (a) Signature of funeral director Paschedag-Henke
 (b) Address 2825 N. Grand

19. (a) MAR 4 1947 17 Grand
(Date received local registrar) (Registrar's Institution)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. 2727 N. Hanley Road. N.R. 0
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
 year 1947 hour 1 minute 10A M.
 21. I hereby certify that I attended the deceased from Feb. 7, 1947, to Mar. 1, 1947.
 that I last saw him alive on Feb. 28, 1947.
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma Duration 1 year

Due to _____
 Due to _____

Other conditions H/T
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature H. G. Newman (M. D. or other) M.D.
 Address 3720 Washington Date signed 3/3/47

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 Elmer R. Cadwell

Licensed Embalmer No. 4077

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.