

FILED AUG 13 1948
Registration District No. 377Primary Registration District No. 3066

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Kirkwood
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R.R. 12 Box 76 Kirkwood Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3: (a) PRINT
FULL NAMELydia Ledbetter3. (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 Henry 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Nov. 13 1880
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 8 13 hr. _____ min.

9. Birthplace Stoney Hill Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER-FATHER

12. Name Frank Stolte13. Birthplace Mo.
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant Marshall Ledbetter(b) Address 648 Clover Lane, Crestwood Village17. (a) burial (b) Date thereof 7-30-1948
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Stoney Hill Mo. Cemetery18. (a) Signature of funeral director Jay B. Smith Funeral Home(b) Address 7456 Manchester Ave.19. (a) 7-27-48 (b) Gerda J. Hoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Kirkwood
 (If outside city or town limits, write "RURAL")
 (d) Street No. R.R. 12 Box 76 Kirkwood Mo.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1948 hour 5 minute 55 A. M.21. I hereby certify that I attended the deceased from
march 26, 1946, to July 27, 1948
that I last saw her alive on July 27, 1948
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral Hemorrhage Duration 5 daysDue to _____
Due to _____Other conditions Hypertensive Cardiac Condition years _____
(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)
(e) Means of injury _____23. Signature Vincent J. Gonsand (M. D. or other) MD
Address 3101 S. Sutton Ave. Maplewood Mo. Date signed 7-27-48

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 Ronald O. Ypsenke

Licensed Embalmer No. 3917

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.