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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41623

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10738

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: Enroute city Hospital 3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 8102 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles A. Letcher

3. (b) If veteran, name war no

3. (c) Social Security No. 497-10-9660

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary E. Letcher

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased February (Month) 9 (Day) 1885 (Year)

8. AGE: Years 63 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Council Groves (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Pressman

11. Industry or business St. Louis Post-Dispatch

FATHER
12. Name Alex Letcher
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Gorr
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary E. Letcher
(b) Address 8102 S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cem

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) DEC 13 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11 year 1948 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Occlusion

Due to Myocardial Infarction

Due to

Other conditions (Include pregnancy within 3 months of death) 94 hr

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M.D. or other)

Address Date signed 2/23/49

(Licensed Embalmer's Statement on Reverse Side)

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

Hed

St.Louis Coroners Office

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 Lyman C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.