

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31942

FILED OCT 7 1949

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State File No. 8097

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mo. Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>23 2306 S 9th</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) _____ c. (Last) <u>Letang</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 18, 1949</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 20, 1884</u>		
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>grader</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>United Lum Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Yugoslavia</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Peter Letang</u>			13b. MOTHER'S MAIDEN NAME <u>N K Christ</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Letang</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>497-01-4657</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Christopher Letang 5328 Blow</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc.: it means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Peritonitis</u> <u>Cholecystitis, Cholelithiasis</u> <u>Arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Indefinite</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Not known</u>		
19a. DATE OF OPERATION <u>9-9-49</u>		19b. MAJOR FINDINGS OF OPERATION: <u>Same as above</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo. Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>584X</u>				
22. I hereby certify that I attended the deceased from <u>9-9-1949</u> , to <u>9-18-1949</u> , that I last saw the deceased alive on <u>SEP 18</u> , 19 <u>49</u> , and that death occurred at <u>11:30</u> m., from the causes and on the date stated above.								
23. SIGNATURE <u>John D. Lapwood MD</u> (Degree or title)				23b. ADDRESS <u>Metropolitan Bldg</u>		23c. DATE SIGNED <u>9-19-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/21/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>SEP 19 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Ziegenhein &amp; Sons 7027 Gravois</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Francis J. Dwan

Licensed Embalmer No. 2245

P. O. Address St Louis, Mo.

**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.