

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

XC # 1809 94 63
SL # 10731 FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26310
STATE FILE NUMBER
6334

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

| | | | |
|--|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MISSOURI b. COUNTY / | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI | | c. CITY OR TOWN ST. LOUIS | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADM. HOSP. | | Length of stay in lb 178 DAYS | |
| 3. NAME OF DECEASED (Type or print) First Middle Last EDWIN S LETTNECKER | | 4. DATE OF DEATH Month Day Year 7-7-57 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 9-6-31 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, Markwort Sporting Goods | | 11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI | |
| 13. FATHER'S NAME GEORGE LETTNECKER | | 14. MOTHER'S MAIDEN NAME ANNA HERTLEIN | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREAN | | 16. SOCIAL SECURITY NO. 297-30-0994 | |
| 17. INFORMANT VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HODGKIN'S DISEASE, DISSEMINATED | | | INTERVAL BETWEEN ONSET AND DEATH UNKNOWN |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 201X | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION VA | | COUNTY STATE | |
| 21. Attended the deceased from 1-10-57 to 7-7-57 and last saw him him alive on 7-7-57 Death occurred at 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE JACK M. BURNETT (Degree or title) | | 22b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI | |
| | | 22c. DATE SIGNED 7-7-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 7/10/57 | |
| 23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
| 24. FUNERAL DIRECTOR Gebken-Benz Mortuary | | 25. DATE RECD. BY LOCAL REG. JUL 8 - 57 | |
| ADDRESS 2842 Meramec St. | | 26. REGISTRAR'S SIGNATURE [Signature] | |

St. Louis, 18 Missouri (Licensed Embalmer's Statement on Reverse Side)

1961 7 NOV

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Joe S. Benz

Licensed Embalmer No. 249

P. O. Address 2842 Meramec St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.