

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-017837

FILED VS. APR 22 1960 317

Primary Registration District No. 590 Registrar's No. 1271

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST LOUIS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROCK HILL VILLAGE		Length of stay in 1b 7 YEARS		c. CITY OR TOWN ROCK HILL VILLAGE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 9442 PLAINFIELD DRIVE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 9442 PLAINFIELD DRIVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WALTER Middle EMMETT Last LETSINGER				4. DATE OF DEATH Month 4 Day 18 Year 1960				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-29-1906	9. AGE (last birthday) 54-1-19	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN R. GST			10b. KIND OF BUSINESS OR INDUSTRY TEXAS CO		11. BIRTHPLACE (City and state or country) NEAR JASONVILLE IND		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME THEODORE LETSINGER			13b. MOTHER'S MAIDEN NAME 100 JANE STROME			14. NAME OF HUSBAND OR WIFE CLEO E LETSINGER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW 2			16. SOCIAL SECURITY NO. 331-09-3178		17. INFORMANT Address Cleo E Letsinger 9442 Plainfield Drive			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral metastases with compression of midulla oblongata							INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of colon.							4 years	
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) metastases to liver and lung.						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <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 _____ a.m. _____ p.m. _____	Month, Day, Year							
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		COUNTY		STATE
21. I attended the deceased from January 17, 1960 to April 18, 1960 and last saw ^{her} him alive on April 14, 1960 . Death occurred at 11:05 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Robert S. Weinhaus M.D.				22b. ADDRESS 7165 DELMAR BLVD ST LOUIS 30, MO			22c. DATE SIGNED April 18, 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-20-1960	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO			
24. FUNERAL DIRECTOR MITTELBERG			ADDRESS WEBSTER GROVES MO		25. DATE RECD. BY LOCAL REG. 4-18-60	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Stanley F. Aiso

licensed Embalmer No. 419

P. O. Address H. L.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.

[Handwritten scribbles]