

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

972561-038873

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED OCT 26 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **2 weeks**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **De Paul Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY OR TOWN **St. Louis** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **4219 Warne Avenue** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Chauncey Ledford**
 4. DATE OF DEATH Month Day Year **October 19 1961**

5. SEX **Male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **9-1-1902** 9. AGE (last birthday) **59** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Stationary Engineer**
 10b. KIND OF BUSINESS OR INDUSTRY **St. Louis Housing Authority**
 11. BIRTHPLACE (City and state or country) **Missouri**
 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **G.C. Ledford** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **Edith Ledford**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) **No**
 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Mr. Donald C. Ledford, 1504a Monroe Street** 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) **Cerebral Pneumonia.**
 (b) **Coronary Insufficiency.**
 (c) **Arterio-sclerotic Heart Disease.**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **Arterio-sclerotic Heart Disease.**
 DUE TO (b) **Arterio-sclerotic Heart Disease.**
 DUE TO (c) **Arterio-sclerotic Heart Disease.**
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Cerebral Pneumonia, Toxicemia, Emphysema**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) **4200**

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 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 **Nov 1960** to **Oct 61** and last saw him alive on **Oct 19 61**
 Death occurred at **4:00 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Robert B. Meyer M.D.** 22b. ADDRESS **634 N. Grand Blvd.** 22c. DATE SIGNED **10 20 61**

23a. URN, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Oct. 23, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR **Math Hermann & Son, Inc., 2161 E. Fair Ave** 25. DATE RECD. BY LOCAL REG. **OCT 21 1961** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.O.**

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 _____
Signature of Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.