

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14713**

FILED APR 18 1946

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3102**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
13613

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether)

3. (a) PRINT FULL NAME LETA MAE FRENCH
3. (b) If veteran, name war No 3. (c) Social Security No. 490-05-1868

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nathaniel D. French 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased April 3 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 11 29 hr. min.

9. Birthplace Rocky Comfort Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Waitress
11. Industry or business Hullings Cafeterian

MOTHER FATHER
12. Name John S. Early
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Stella A. Davidson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Nathaniel D. French
(b) Address 1149 Louisville Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-46
(Month) (Day) (Year)
(c) Place: burial or cremation Dice Cemetery, Fairview, Mo.

18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address Clayton Rd. at Concordia Lane

19. (a) APR 3 1946 (Date received local registrar) J. J. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1149 Louisville 49
(If rural, give location) 8
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 2nd
year 1946 hour 10 minute 10 a.m.
21. I hereby certify that I attended the deceased from April 1, 1946 to April 2, 1946
that I last saw her alive on April 2, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Disseminated Lupus Erythematosus
status
per Pneumia
Due to Congestive St. Failure
Due to

Other conditions (Include pregnancy within 3 months of death) AS

Major findings: Of operations
Of autopsy Same pending confirmation by microscopic examination

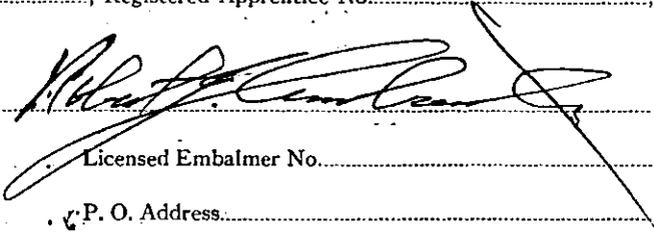
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature FR Madley (M. D. or other) 0
Address Barnes Hospital Date signed 4/2/46

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.....


.....
Licensed Embalmer No.....

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