

No. 300
10-47
8-17-39
13906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42125

State File No.

Registration District No. 577

Primary Registration District No. 4467

Registrar's No. 2791

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Moll Nursing Home
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 23 days 4
(Specify whether)

In this community _____
years, months or days

3: (a) PRINT FULL NAME Mary E Letley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9 27 1865
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Farmington Mo
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business _____

12. Name A A Koen

13. Birthplace St Francis County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E Hightley

15. Birthplace St Francis County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jerry Burks

(b) Address Farmington Mo

17. (a) Burial (b) Date thereof 11-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington Mo

18. (a) Signature of funeral director Rowland Martuary Sr

(b) Address 4104 Manchester

19. (a) 12-2-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1948 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Nov 5 1948 to Nov 25 1948
that I last saw her alive on Nov 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchitis Chr Myocarditis
Due to Hypertensive arterial disease

Due to 93 d

Other conditions Old Fract Hip
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury [Signature]

23. Signature [Signature] (M. D. or other) _____
Address Webster Groves Mo Date signed 12-2-48

Duration

2 da

Chr

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

JAN 3 1949

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 *Charles C. Gohlke*
Licensed Embalmer No. 3917
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.

Registration District No. 317 Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Daley Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Mary E Jetley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years

7. Birth date of deceased Sept 22
(Month) (Day) (Year)

8. AGE: Years 53 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12-2-48 (b) Thomas V. L...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month _____ Day _____ Year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S 42125