# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

26072

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7698

City St. Louis (No. St. Lukes Hospital St. ..... Ward)

**2. FULL NAME** Frank R. Jesse

(a) Residence. No. 303 W. Lockwood, Webster 12 Ward. Webster Groves Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bulah Jesse

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19, 1863

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 64 | 3 | 10 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Secretary

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Masonic Lodges

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Royal A. Jesse

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER (Not Known) Boswell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known

14. INFORMANT Mrs Bulah Jesse
(Address) Webster, Mo

15. FILED AUG 30, 1927 Max C Starkloff
REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 29, 1927.

17. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1927, 19..., to Aug. 29, 1927, that I last saw him alive on August 29, 1927, and that death occurred, on the date stated above, at 12:20a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Kidney (left) 49 [illegible] 10 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Secondary Hemorrhage (Severe); Carcinoma of Lungs (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Do not Know

DID AN OPERATION PRECEDE DEATH? yes DATE OF 8/29/27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory and Xray

(Signed) J. Fay Sanford, M.D.

8-29-27, 19 (Address) 723 University Club Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lake Charles Cemetery

DATE OF BURIAL Aug 31 1927

20. UNDERTAKER A. Kron L. Co

ADDRESS 2707 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.