

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

✓ Do not use this space.

41453

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 6023 Pennsylvania St. Ward)

File No.
 Registered No. 12139

2. FULL NAME

(a) Residence. No. St. Ward.
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mabel Lester</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 25 1899</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>31</u>	<u>10</u>	<u>1</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Salesman 2nd Automobiles Dexter Mtr Co.</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				

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

PARENTS	10. NAME OF FATHER <u>Joseph Lester</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Gansner</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo</u>

14. INFORMANT Mary Lester
 (Address) 6023 Pennsylvania

15. FILED 29 1930 Wm C. Tucker
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 26 1930
 17. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1930, to Dec 26, 1930 that I last saw him alive on Dec 26, 1930, and that death occurred, on the date stated above, at 9:10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
31 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Abscess left lung
again Tubercular (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH L
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 25 1930
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? P. h. coli. - X-Ray
Section of necrotic
 (Signed) F. S. Perry M. D.
 , 19 (Address) 1122 W. Livingston

*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 St. Trinity Lutheran DATE OF BURIAL 12-30 1930

20. UNDERTAKER C. Hoffmeister & Co. ADDRESS 1122 W. Livingston

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. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

