

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

Do not use this space.

29335

1. PLACE OF DEATH

County St. Louis

Registration District No. 1123

Township CARDONVILLE

Primary Registration District No. 6248 F

File No. _____

Registered No. 297

St. _____ Ward _____

2. FULL NAME Miss Hester Fletcher

(a) Residence No. 537 No 13th

St. _____ Ward 6. St. Louis Ill.

Length of residence in city or town where death occurred

yrs. _____

mos. _____

ds. 2

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

June 6, 1911

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

20

2

3

8. OCCUPATION OF DECEASED

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

Stenographer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

Otto Fletcher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Lilly Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Collinsville Illinois

14.

INFORMANT (Address)

Hosp. Records

15.

FILED

Aug. 9 1931 L. C. O'Brook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug. 9, 1931

17.

I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1931, to Aug. 9, 1931

that I last saw her alive on Aug 8, 1931, and that death occurred, on the date stated above, at 3:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Far Advanced Pulmonary Tuberculosis.

CONTRIBUTORY (SECONDARY)

2:34 (duration) yrs. 8 mos. 9 ds.

2:34 (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?

No

DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) V. J. Lohr

M. D.

8/9/1931 (Address) 9101 S Broadway

*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

DATE OF BURIAL

East St. Louis Ills Aug 11th 1931

20. UNDERTAKER

ADDRESS

Kurmas and Co E. St. Louis Ills

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.

SEP 25 1931

