

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

Do not use this space.

29714

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1013**
 City **St. Louis, Mo.** (No. **6414** , **Virginia Ave.**) St. Ward)

File No.
 Registered No. **8747**

2. FULL NAME **John H. Lester,**

(a) Residence, No. **6414 Virginia** St. **1** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 24, 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Railroad Engineer-retired**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **5 years.**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland.**

13. NAME **Robert Lester,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

15. MAIDEN NAME **Ellen Pillings**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland**

17. INFORMANT (ADDRESS) **Rob. Lester 6414 Virginia**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla** DATE **Aug. 15, 1931**

19. UNDERTAKER (ADDRESS) **Southern 6320 S. Grand Blvd**

20. FILED **11 1931** **Max C. Tucker** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 13, 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 14, 1929**, to **Aug. 13, 1931**.
 I last saw him alive on **Aug. 13, 1931**. Death is said to have occurred on the date stated above, at **1:30 P.M.**

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (Apoplexy) 8/13/31
Arteriosclerosis - Chronic

Name of operation **None** Date of
 What test confirmed diagnosis? **Chronic** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify

(Signed) **V. J. C. [Signature]** M. D.
 (Address) **7702 [Address]**

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.

RECORD THIS IS A PERMANENT RECORD

20-10-1966

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