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

Do not use this space.

11947

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3070

City St Louis (No. 1318 Pendleton a St. ..... Ward)

2. FULL NAME Lola Besterfeldt.

(a) Residence, No. 1318 Pendleton a St., 11 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 Female

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 Cl. J. Besterfeldt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12-1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

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

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) Bridgeway Ohio

FATHER

13. NAME Mont. Rumer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bridgeway Ohio

MOTHER

15. MAIDEN NAME ~~[illegible]~~ Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) C. J. Besterfeldt 1318 Pendleton a

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla DATE ~~April~~ April 1st 1933

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly Und. Co 3840 Lindell Av.

20. FILED MAR 31 1933 19 Max C. Harkley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to Mar. 30, 1933

I last saw her alive on Mar. 27, 1933 Death is said to have occurred on the date stated above, at 12 Noon

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

Carcinoma of rt. external ear

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

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? .....

If so, specify .....

(Signed) Maxwell Fineberg, M. D.

(Address) 642 Mo. Theatre Bldg St. Louis

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.

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