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

Do not use this space.

File No. 24497

Registered No. 5874

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No.) 120 Robert Av. St. ..... Ward)

**2. FULL NAME** Leslie Lancaster

(a) Residence, No. 120 Robert Av 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| male | white | single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14-1930

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 3 | 4 | 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. None

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) St Louis Mo.

FATHER

13. NAME Leslie Lancaster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Dorothy Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodville Ill

17. INFORMANT Dorothy Inches
(ADDRESS) 120 Robert Av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonne Terre Mo DATE July 4 1933

19. UNDERTAKER Jos. P. Fendler Jr.
(ADDRESS) 7218 Michigan Av

20. FILED JUL 04 1933 19 J F Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1933

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1933, to July 2, 1933

I last saw him alive on July 2, 1933. Death is said to have occurred on the date stated above, at 9 P.M.

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

| | Date of onset |
|---|---|
| Septicemia due Abscess of Superior Maxilla | |
| R.O.S.E. | |
| 10413 | |
| 910 | |

Other contributory causes of importance: 10413

Name of operation Incision of Abscess Date of July 1 1933

What test confirmed diagnosis? Pus Effect 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) J. F. Fuller, M. D.

(Address) 7119 Geo Bclway St Louis Mo

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