

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

Do not use this space.

37805

1. PLACE OF DEATH
 County St. Louis Registration District No. 790
 Township _____ Primary Registration District No. 60339
 City Clayton (No. St. Louis Co. Hosp.) St. _____ Ward _____

2. FULL NAME Ronald J. Hester
 (a) Residence, No. Hickock Mo 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.

File No. _____
 Registered No. 177
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 +

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) Mo

13. NAME Lewis Hester

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

15. MAIDEN NAME Beatrice Hill

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

17. INFORMANT Lewis Hester (ADDRESS) Hickock Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk DATE Nov 29 1933

19. UNDERTAKER Edgar Ford Co (ADDRESS) 4107 Broadway Ave

20. FILED 11/29 1933 Rolt J. Hester Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-28, 1933
 22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1933, to 11-28, 1933
 I last saw him alive on 11-28, 1933. Death is said to have occurred on the date stated above, at 2:00 A. M.
 The principal cause of death and related causes of importance were as follows:

Interruption
 Date of onset 11-20-33
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? no
 If so, specify _____ (Signed) R. B. Hester, M. D.
 (Address) St. Louis Co. Hosp.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 29 1933

