1156

DEC 10 1935

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

791

Do not use this space.

38040

1. PLACE OF DEATH

County..... Registration District No. 1008 File No.

Township..... Primary Registration District No. Registered No. 10054

City..... (No. City Hospital #1 St. Ward)

2. FULL NAME Martin Lesser-Loesser

(a) Residence, No. 2217 So. 10th St., 23 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1866 Unknown

7. AGE: Years 69 Months Unknown Days If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Germany

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) May Busch 3124 Ohio Av

18. BURIAL, CREMATION, OR REMOVAL F.G. Matthews DATE 11-30 1935

19. UNDERTAKER (ADDRESS) N. C. Mondell 1926 Gratiot St.

20. FILED NOV 30 1935 J. F. Broderick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:30 a.m.

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

	Date of onset
Traumatic Haemorrhage of Chest,	
Laceration Right Lung	
Fractured Ribs, received when	
struck by auto in St. Louis Mo.	
Other contributory causes of importance:	
Deceased was a pedestrian.	
1945 Accident	

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

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-26, 1935

Where did injury occur? St. Louis, Mo.
(Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto

Nature of injury Haemorrhage of Chest, Fract. Ribs

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) [illegible], M. D.

(Address) [illegible]

11/29/35

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