

FEB 24 1936

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

Do not use this space.

2739

1. PLACE OF DEATH

County St Francois Registration District No. 774  
Township St Francois Primary Registration District No. 4465  
City Flat River (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 272  
Registered No. \_\_\_\_\_

2. FULL NAME

Lester L Oster

(a) Residence, No. \_\_\_\_\_ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Benevise Oster</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 20<sup>th</sup> 1908</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>11</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as signwriter, bookkeeper, etc. <u>lumber truck sawyer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Op River</u>		
10. Date deceased last worked at this occupation (month and year) <u>Feb 1936</u>		11. Total time (years) spent in this occupation <u>2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marquand Mo</u>		
13. NAME <u>Walter O. Oster</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bollinger Co Mo</u>		
15. MAIDEN NAME <u>Sarah E. Martin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Patton Mo</u>		
17. INFORMANT <u>Benevise Oster</u> (ADDRESS) <u>Flat River Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Wald Cemetery</u> DATE <u>27</u> 19 <u>36</u>		
19. UNDERTAKER <u>Caldwell Bros</u> (ADDRESS) <u>Flat River Mo</u>		
20. FILE NO. <u>2-6-36</u> REGISTRAR <u>LBH</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1936  
22. I HEREBY CERTIFY, that I attended deceased from Jan 17 1936 to Jan 29 1936  
I last saw him alive on Jan 27 1936 Death is said to have occurred on the date stated above, at 6:15 P. M.  
The principal cause of death and related causes of importance were as follows:

Meningitis Streptococci  
Streptococci sore throat  
Streptococci arthritis of both shoulder joints of left hand  
Date of onset  
1/29/36  
1/21/36  
1/27/36

Other contributory causes of importance:  
acute Bronchitis 1/17/36

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? chest exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Paul L. Jones, M. D.  
(Address) Flat River, Mo.

MARGIN RESERVED FOR BIRLING

VWS. NO. 2  
100M-3-28-35

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.

