APR 9 1937

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

Do not use this space.

File No. 10180

Registered No. 2744

1. PLACE OF DEATH

County

Township

City St. Louis, Mo (No. , City Sanitarium St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Ernst Lessel

(a) Residence, No. 4876 Hamburg Ave St., 2 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 34 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*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 30, 1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	70	2	7	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): About 1928

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Herman Missouri

FATHER

13. NAME: Ernst Lessel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Herman Missouri

MOTHER

15. MAIDEN NAME: Amelia Leimer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Herman Missouri

17. INFORMANT (ADDRESS): T.C. Campbell, M.D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Hope Mausoleum DATE: Mar 10, 1937

19. UNDERTAKER (ADDRESS): John L Zugenheim & Sons 4600 Page Ave

20. FILED ..., 19... Registrar: J. J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 7/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 36, 19..., to Mar. 7/37, 19... I last saw him alive on Mar. 7/37, 19... Death is said to have occurred on the date stated above, at 12.45P.M.

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

	Date of onset
Chronic Myocarditis 1-1-36x	
Other contributory causes of importance:	
Arteriosclerosis 1-1-36x	
Sebility 1-1-36x	

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? ... 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) T. C. Campbell M. D.

(Address) 5400 Arsenal

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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.

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