

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.

AUG 31 1937

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

Do not use this space.

28389

1. PLACE OF DEATH

County Saint Louis Registration District No. 1123 File No. _____
 Township _____ Primary Registration District No. 6248 B Registered No. 308
 City Jefferson Barracks (No. Veterans Facility) St. _____ Ward _____

2. FULL NAME Thomas LESTER

(a) Residence, No. 2315 No. 58th Street st. East Saint Louis, Illinois.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. Unkn. 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) Unknown

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 44 - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Unknown
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
 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) Unknown

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Clinical Clerk: VAF M. Achilly
 (ADDRESS) Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Aug. 2 19 37

19. UNDERTAKER C. Hoffmeister U. & L. Co.
 (ADDRESS) 7814 S. Broadway

20. FILED Aug 2 19 37 S. Mowrey
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 19 37

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1937, to July 29, 19 37

I last saw him alive on July 29, 19 37 Death is said to have occurred on the date stated above, at 7:30Pm.

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

Generalized Arteriosclerosis;
Cerebral Thrombosis. Date of onset Unkn.

Other contributory causes of importance: 107a
Broncho pneumonia. Unkn.

Name of operation None Date of _____
 Autopsy findings phy. exam. Was there an autopsy? YES
 What test confirmed diagnosis? _____

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?
 If so, specify test findings
 (Signed) C.W. HUGHES, Chief Med. Officer, M. D.
 (Address) VAF Jefferson Barracks, Mo.

