

NOV 4 1938

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

36788
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 710b Registered No. 1739
(c) City Kirkwood (d) Street No. 757 East Big Bend Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Lesch
(a) Residence, No. 2920a Wisconsin Ave. St. St. Louis, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) March 30, 1918
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 6 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Gas. Sta. Attendant.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) October 24, 1938 11. Total time (years) spent in this occupation 3 months

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 8:45 pm
The principal cause of death and related causes of importance were as follows:

Conflagration, due to accidental burns received in burning building. Date of onset 10/24

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physiocal. 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 10/24/38
Where did injury occur? Public place (Specify district, city, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Building burned.
Nature of injury Conflagration

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O'Connell, M. D.
(Address) of St. Louis County

12. BIRTHPLACE (CITY OR TOWN) Point Rest
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Emanuel Lesch

14. BIRTHPLACE (CITY OR TOWN) Strawberry Point
(STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Mattha Kurre

16. BIRTHPLACE (CITY OR TOWN) Perryville
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Martha Lesch
2920a Wisconsin Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Pilgrims' Rest Cem DATE Oct. 26, 1938

19. FUNERAL DIRECTOR (ADDRESS) Beiderwieden Fu. Home, Inc.
1936 St. Louis Ave.

20. FILED Oct 26 1938 19 G.R. Meyer Local Registrar

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

1 X12004

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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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)