JAN 11 1938

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

791
1003

41005
Do not use this space.

Registered No. 10697

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(d) Street No. Lutheran Hosp. 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.

Registration District No.
Primary Registration District No.

2. PRINT FULL NAME Myrtle Lestmann

(a) Residence, No. # 3529 Salena St. St. 24
(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: Female
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: Archie Lestmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 11 1899

7. AGE: Years 39 | Months 9 | Days – | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Work
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

FATHER
13. NAME: John Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Melane Cardot
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Spain

17. INFORMANT: Archie Lestman
(ADDRESS) 3529 Selena St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Marcus DATE Dec. 14 1938

19. FUNERAL DIRECTOR (NAME) Wm. Schumacher
(ADDRESS) 3013 Meramec St.

20. FILED DEC 13 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/4 1938 to 12/11 1938
I last saw h alive on 12/11 1938 Death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Metastatic Carcinoma	
following Carcinoma of breast	1935

Other contributory causes of importance:

Name of operation Radical breast amp. Date of 1935
What test confirmed diagnosis? X-Ray 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) G. E. Dines, M. D.
(Address) 707 S. Brady

Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-12-38 1 X14028

2202 8 Bdwy
1-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Clarence Kochow, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 3013 Meramec

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.)

If this body is not embalmed, above space should be left blank.