

REG'D SEP 12 1939

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

29203
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318
(b) Township Camden Primary Registration District No. 5440 Registered No. 608
(c) City SPRINGFIELD (d) Street No. MEDICAL CENTER FOR FEDERAL PRISONERS 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 0 yrs. 9 mos. 20 ds. (f) How long in U.S., if of foreign birth? 53 yrs. 6 mos. 1 da.

2. PRINT FULL NAME EAST, Dr. E. H. N.M.O

(a) Residence, No. _____ St. Portland, Oregon
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily (Johnson) East
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
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) 5-4-38 11. Total time (years) spent in this occupation 38 yrs.

12. BIRTHPLACE (CITY OR TOWN) Norkoping
(STATE OR COUNTRY) Sweeden 7

FATHER 13. NAME Karl Peter Ester

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

MOTHER 15. MAIDEN NAME Christina Ester

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

17. INFORMANT Deceased
(ADDRESS)

18. BURIAL, CREMATION OR REMOVAL
PLACE Portland Ore, DATE Aug 7 39

19. FUNERAL DIRECTOR (NAME) A. Lohmeyer Funeral Home
(ADDRESS) Springfield Missouri

20. FILED Aug 4 1939 Chas A. George
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3rd, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 19, 1938, to Aug. 3, 1939
I last saw him alive on Aug. 3, 1939. Death is said to have occurred on the date stated above, at 7:45Pm.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset 1938

Other contributory causes of importance:
Chronic Myocarditis Unknown

Name of operation None Date of _____
What test confirmed diagnosis? Clin-Lab. 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) E. W. Green, P.A. Surgeon, M. D.
Clinical Director, MCFH
Springfield, Missouri

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.

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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

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