No. 2
1-10-39
17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19860

Registration District No. FILED JUL 17 1940 Primary Registration District No. 1003 Registrar's No. 4808

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution American Hotel (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DEACEASED:
(a) State Missouri (b) County .....
(c) City or town Herculaneum (If outside city or town limits, write "RURAL") N.R.
(d) Street No. ..... (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Fritz Lesing 252
3. (b) If veteran, name war .....
3. (c) Social Security No. 335-03-3456
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive 18 ~~19~~ years
7. Birth date of deceased Feb. (Month) (Day) (Year)
8. AGE: Years 28 Months 3 Days 13 If less than one day hr. ..... min.
9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Lead Co.
11. Industry or business .....
FATHER
12. Name Kurt Lesing
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Frieda Loewenstein
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Frieda Lesing
(b) Address Bonne Tera, Mo.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-3-40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director H. Riedikopf
(b) Address 5216 Delmar
19. (a) JUN 3 1940 (Date received local registrar) (b) J. F. Bredenkamp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1940 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h. alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Hydrogenic Acid Poisoning Self administered while at the American Hotel #816 at the 7th Street Place 1st 1940 Duration
Due to (b) Unknown
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 163
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence June 1 1940
(c) Where did injury occur? St. Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
(e) Means of injury Poison
While at work No
23. Signature Alfred Gerry (M. D. or other)
Address Deputy Coroner Date signed 6.3.40

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Chas. W. Cooper

Licensed Embalmer No. 3820

P. O. Address 5216 Delm

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

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