No. 2
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-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8703 2515

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 67 Aberdeen Pl.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

096 2

3. (a) PRINT FULL NAME Addie L. Hester

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas J. Hester

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased January (Month) 28th (Day) 1880 (Year)

8. AGE: Years 62 Months 1 Days 11 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) n (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name George Korman
13. Birthplace Mo (City, town, or county) n (State or foreign country)

MOTHER
14. Maiden name Addie Buckress
15. Birthplace Mo. (City, town, or county) n (State or foreign country)

16. (a) Informant Thomas J. Hester
(b) Address 67 Aberdeen Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 21 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director L. Mullen Undr.
(b) Address 5165 Delmar Ave.

19. (a) MAR 20 1942 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 19th year 1942 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 8/1/ 1941, to 3/19/ 1942, that I last saw her alive on 3/19/42 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia.	
Due to Chronic Glomerulonephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

23. Signature David B. Flexner (M. D. or other)
Address 401 Humboldt Bldg. Date signed 3/20/42

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1948

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St Louis

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

If this body is not embalmed, fact should be so stated above.