S. No. 2
1—9-4-41
7. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12826.

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3609

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:
639 Carrie Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 639 Carrie Ave 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Elmer L. Lester

3. (b) If veteran, name war None

3. (c) Social Security No. 702-05-3218

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Lester nee Emery

6. (c) Age of husband or wife if 46 years

7. Birth date of deceased August 4, 1899
(Month) (Day) (Year)

8. AGE: Years 43 | Months 8 | Days 18 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Railroad switchman

11. Industry or business 93

FATHER
12. Name Charles Lester
13. Birthplace Texas
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maggie Smith
15. Birthplace Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Lester
(b) Address 639 Carrie Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation McAlister, Oklahoma

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) APR 23 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22, year 1942 hour 11:00 AM minute ..... M.

21. I hereby certify that I attended the deceased from 4-17-42, 19.., to 4-22-42, 19.. that I last saw him alive on 4-22-42, 19.. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardosis	5 days
Due to Pulmonary Oedema	5 or 6 days
Due to Chronic Asthma & chronic alcoholism	many years " "
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no operation
Of autopsy no 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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature E. McIntire (M. D. ~~or other~~)
Address 3801 Lee Ave Date signed 4-23-42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed William G. Buchho

Licensed Embalmer No. 2110

P. O. Address St. Louis, Mo

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, fact should be so stated above.