

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15449

FILED MAY 5 1943

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 1073

1. PLACE OF DEATH:

(a) County ST LOUIS

(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
332 E SWON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 7 Mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")

(d) Street No. 332 E SWON
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME FRANCES ROSE LESTER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 27 / 1943
year _____ hour 2:15 PM minute _____ M.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ROY FLESTER

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased DECEMBER-29-1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 27, 1939 to April 27, 1943
that I last saw her alive on April 27, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 34 Months 3 Days 29 If less than one day _____ hr. _____ min.

Immediate cause of death Melanotic Cancer of the liver with D. I. hemorrhage

Due to Cancer of the left breast

Other conditions As cited (Abdominal)
(Include pregnancy within 3 months of death)

9. Birthplace WEBSTER GROVES - MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name JACOB M. RAE BURN

13. Birthplace WHITE HALL ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name CLEMENTINE HART

15. Birthplace ST LOUIS MISSOURI
(City, town, or county) (State or foreign country)

Major findings: Melanotic Carcinoma of left breast with metastasis to liver

Of operations None

Of autopsy None

16. (a) Informant Daughter

(b) Address 713 OAKLAND AVE. ST. LOUIS MO

17. (a) Burial (b) Date thereof Apr 30-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW - S.S. PETER & PAUL

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? _____

18. (a) Signature of funeral director Parson and Co

(b) Address WEBSTER GROVES MO

19. (a) 4-29-43 (b) C. R. McLaughlin
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (2) Means of injury _____

23. Signature Douglas A. Klein (M. D. or other) md
Address 7166 Man Chester Ave Date signed 4/29/43

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

96
7
4

8
7/5/43

707

MAY 5 1963

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 *C. C. Aldrich*.....

Licensed Embalmer No. 1382.....

P. O. Address *Osberter Grove Md*.....

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.