

Registration District No. **3064**

Primary Registration District No. **3064**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Ferguson**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
309 Harvey Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **3 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frank H. Lescher**
(b) If veteran, name war _____ (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Bessie Lescher** 6. (c) Age of husband or wife if alive **1879** years
7. Birth date of deceased **July ? 1879**
(Month) (Day) (Year)

8. AGE: Years **65** Months **4** Days **?** If less than one day hr. min.

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

10. Usual occupation **Show Repair Service**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Lescher**
13. Birthplace **Unknown**
14. Maiden name **Mary Covey**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs T. R. Hazard**

(b) Address **5127 Palm St. St. Louis**

17. (a) **Removal** (b) Date thereof **11/22/44.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lawrence, Kansas**

18. (a) Signature of funeral director **E. S. White**

(b) Address **Ferguson, Missouri**

19. (a) **DEC 1 1944** (b) **E. S. White**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Douglas**
(c) City or town **Larwence**
(If outside city or town limits, write "RURAL")
(d) Street No. **1036 Kentucky**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11/21** day _____
year **1944** hour **7:00** minute _____ P.M.

21. I hereby certify that I attended the deceased from **11/21**, 19**44**, to **11/21**, 19**44**.
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **1 day**
Due to **83 a 1**

Other conditions **Hypertensive Cardio-Vascular**
(Include prognosis within 3 months of death)
Major findings: _____
Of operations: _____

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 **W. O. Hughes** (M. D. or other) _____
Address **Ferguson Mo** Date signed **11/22/44**

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

OCT 1 1945

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..... *L. E. White*.....

Licensed Embalmer No..... *3973*.....

P. O. Address..... *Herguson*.....

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.