

STANDARD CERTIFICATE OF DEATH

21418

State File No.

Registrar's No.

1253

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Veterans Administration Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution since Feb. 16, 1946  
(Specify whether  
In this community 59 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5553 Terry Ave., St. Louis, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? Unknown (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LESSLER, Anthony V.

3. (b) If veteran, name war World I 3. (c) Social Security No. 494073103

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 \_\_\_\_\_ years

7. Birth date of deceased October 21, 1886  
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 16 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Cloth Cutter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Walter Vredenburgh (Foster-father)

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lulu Himgar (Foster-mother)

15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk Vet Adm Hosp

(b) Address Jefferson Barracks, Mo.

17. (a) 6/27/46 (b) Date thereof Burial  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lions Cem

18. (a) Signature of funeral director Sullivan Fun. Directors

(b) Address St. Louis, Missouri

19. (a) 6-10-46 (b) E. S. McDevaney, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7  
year 1946 hour 6:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from 2-16-46  
19\_\_\_\_ to 6-7-46 19\_\_\_\_  
that I last saw him alive on June 7 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOSIS, PULMONARY Duration  
CHRONIC, ACTIVE, FAR ADVANCED UNK

Due to 134-1

Due to \_\_\_\_\_

Other conditions TUBERCULOSIS OF LARYNX UNK  
(Include pregnancy within 3 months of death)

Major findings: No Operation PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy No Autopsy 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) NO

(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 L. E. Stilwell (Specify type of place) (Means of injury)

23. Signature L. E. STILWELL, M.D. (M. D. or other)

Address Vet Adm Hosp Jeff Brks Mo. Date signed 6-7-46

OCT 19 1945

AUG 28 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 Robert L. Brinkman  
Licensed Embalmer No. 3553  
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.**