No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6483

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2251

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: 4406 McPHERSON AVE (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 4406 McPHERSON AVE (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME THOMAS J. HESTER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased MCH (Month) 1st (Day) 1880 (Year)

8. AGE: Years 68 Months 0 Days 2 If less than one day hr. min.

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

10. Usual occupation PROPREITOR

11. Industry or business HESTER BRADLEY ENG. Co

12. Name JOHN T. HESTER

13. Birthplace IRELAND (City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH MAHER

15. Birthplace IRELAND (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Hester

(b) Address 4406 McPherson Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/6/48 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director L. Mullen And Co

(b) Address 5165 Delmar Bl.

19. (a) MAR 5 1948 (Date received local registrar) (b) J. F. Boedeck (Registrar's signature)

Cert by affidavit 7-26-48 H. C. Stahl

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MCH day 3 year 1948 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from 8/16 1947, to 3/2 1948; that I last saw him alive on 3/2 1948 and that death occurred on the date and hour stated above.

Immediate cause of death ~~Broncho~~ Bronchopneumonia

Due to Carcinoma of lower lip with metastases to jaw and neck

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations As above

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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

23. Signature George A. Carroll (M. D. or other)

Address 607 N Grand Date signed 3/4/48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Geo. Carroll
Un. Club bld.
3-5 P.M.

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 with the above constitutes grounds for revocation of license.)

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

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2251

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Thomas J. Hester, died/~~born~~ 3-3-1948, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 7 should read March 1-1878
Instead of " " 1880

Item No. 8 should read age 70-0-2
Instead of " 68 " "

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Mullen X Affiant. L. Mullen Funeral Director
Relationship.
5165 Delmar Blvd (8)
Present Address St. Louis, Mo.

Subscribed and sworn to before me this 28 day of April, 1948.

My Commission expires 3-4-48 Ella C. Paddock Notary Public.

Form V. S. 135
50M—4-43
I X36667
4/28

1948
S-6483