

FILED AUG 12 1948  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Park Lane  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 WAS 4 DAYS  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin  
(c) City or town Lonedell  
(If outside city or town limits, write "RURAL")  
(d) Street No. N.R. (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN WM MESTER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAGGIE MESTER 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased OCT 26 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 9 8 hr. min.

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

10. Usual occupation FAYMING

11. Industry or business OWN FAYM

12. Name HARMON MESTER

13. Birthplace ST. LOUIS CO. MO  
(City, town, or county) (State or foreign country)

14. Maiden name ELIZABETH BROWN

15. Birthplace MADISON CO. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie Mester

(b) Address Lonedell, mo.

17. (a) Burial (b) Date thereof 8/7/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lonedell, mo.

18. (a) Signature of funeral director Casey Tenor

(b) Address St. Clair, mo.

19. (a) AUG 6 1948 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day fourth (4th)  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 17 1948 to Aug 4 1948  
that I last saw him alive on Aug 4 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left Lung. Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) H7

Major findings: Of operations \_\_\_\_\_

Of autopsy Carcinoma of left lung. 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 O. E. Williamson (M. D. or other) \_\_\_\_\_

Address Co 336 Clayton Road Date signed 8/6/48

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

**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 David C. Russell

Licensed Embalmer No. 4520

P. O. Address St. Clair, 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.