

No. 300
10.48

FILED FEB 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2730**
Registrar's No. **632**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **Enroute City Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY _____
c. CITY OR TOWN **St. Louis**
d. STREET ADDRESS **1032 N. 6th St.**

3. NAME OF DECEASED
a. (First) **Eugene**
b. (Middle) **L.**
c. (Last) **Lester**

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 28, 1950

5. SEX **Male**
6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH
Sept. 18, 1871

9. AGE (In years last birthday) **78**
If under 1 year: Months _____ Days _____
If under 1 hr.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Bainbridge, Ga.

12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME
Littleton Lester

13b. MOTHER'S MAIDEN NAME
Mary Dickinson

14. NAME OF HUSBAND OR WIFE
Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
No

16. SOCIAL SECURITY NO.
Noen

17. INFORMANT'S SIGNATURE OR NAME **Robert E. Lester** **ADDRESS** **Basking Ridge, N.J.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)
ANTECEDENT CAUSES
Chronic Myocarditis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Chronic Interstitial Nephritis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
592X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE
Patrick E. Taylor (Degree or title) **Coroner**

23b. ADDRESS
31300 Clark

23c. DATE SIGNED
1/26/50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Cremation

24b. DATE
21-21-50

24c. NAME OF CEMETERY OR CREMATORY
Valhalla

24d. LOCATION (City, town, or county) (State)
St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. **JAN 20 1950**
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**
Albert H. Hoppe, 4700 Washington Blvd.

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____ No Embalm

Licensed Embalmer No. _____

P. O. Address _____

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.