

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31493**

FILED OCT 13 1950

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 313

940
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington St. Francois		c. LENGTH OF STAY (in this place) 5 Mo. 7 Das	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No. 4		d. STREET ADDRESS (If rural, give location) 439 North Sprigg	
3. NAME OF DECEASED (Type or Print) a. (First) RURIE b. (Middle) 'LOUIS c. (Last) LESEM			4. DATE OF DEATH (Month) (Day) (Year) September 14, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2	8. DATE OF BIRTH October 19, 1893
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician	11. BIRTHPLACE (State or foreign country) Arkansas
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Milton E. Lesem		13b. MOTHER'S MAIDEN NAME Josephine Wyman	14. NAME OF HUSBAND OR WIFE Clara Upton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No. 4, Farmington, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia - - - - - INTERVAL BETWEEN ONSET AND DEATH 4 das.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with syphilis of the central nervous system - - - - -	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 7</u> , 19 <u>50</u> , to <u>Sept. 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept. 14</u> , 1950, and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. A. Brennan M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.	
23c. DATE SIGNED 9-14-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 16, 1950	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG. Sept. 21, 1950		REGISTRAR'S SIGNATURE Esther Rudloff	
25. FUNERAL DIRECTOR'S SIGNATURE Lorberg Funeral Home, Cape Girardeau		ADDRESS	

OCT 21 1950

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT - 9 1950

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Paul W. DeLoval

Licensed Embalmer No. 4120

P. O. Address. Farmington 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.