

FILED DEC 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 39323
Registrar's No. 10238

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis #48 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 1923 Carr 0	

3. NAME OF DECEASED (Type or Print) Charles Henry Lester		4. DATE OF DEATH (Month) (Day) (Year) Nov. 11 1951	
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH about 72
9a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Labor		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION		11. BIRTHPLACE (State or foreign country) Tenn. 1	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Charles Henry Lester		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Birdie Lester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Birdie Lester 1923 Carr	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ^(a) Hypertensive Heart Disease		ANTECEDENT CAUSES		Undet.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Generalized Arteriosclerosis		"	
		DUE TO (c) Arteriosclerotic Ulcer left Heel		"	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H43X	

22. I hereby certify that I attended the deceased from 11-10 19 51 to 11-11 19 51, that I last saw the deceased alive on 11-14 19 51 and that death occurred at 5:36a m., from the causes and on the date stated above.

23a. SIGNATURE Lorenz W Harris M.D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 11-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-19-1951		24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery	
				24d. LOCATION (City, town, or county) (State) 3900 Mt. Olive	

DATE REC'D BY LOCAL REG. NOV 17 1951		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Luke Jones 1343 S. ...	
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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

Arthur L. Halliord

Licensed Embalmer No. 4221

P. O. Address

4740^a Copples

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.