

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED JUN 4 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

5178

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) St. Louis		c. LENGTH OF STAY (In this place)	
c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4915 Leahy		e. STREET ADDRESS (If rural, give location) 4915 Leahy	
3. NAME OF DECEASED (Type or Print) a. (First) Ruth		b. (Middle) K.	
c. (Last) Lester		4. DATE OF DEATH (Month) (Day) (Year) May 22, 1953	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 21, 1904	
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months Days	
IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME William Beyer	
13b. MOTHER'S MAIDEN NAME Kayherine McCarthy		14. NAME OF HUSBAND OR WIFE Miles J. Lester	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-26-2690	
17. INFORMANT'S SIGNATURE OR NAME Miles J. Lester Sr.		ADDRESS 4915 Leahy	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA BREAST GENERALIZED METASTASES ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 2 years		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X	
22. I hereby certify that I attended the deceased from <u>JULY</u> , 19 <u>52</u> , to <u>MAY</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>MAY</u> , 19 <u>53</u> , and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Robert A. Mayer M.D.		23b. ADDRESS 539 N. GRAND BLVD	
23c. DATE SIGNED 5/29/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5-25-53		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
25. ADDRESS 4700 Washington Blvd.		DATE REC'D BY LOCAL REG. MAY 22 1953	
REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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