

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39181

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 544 Registrar's No. 2744

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4683	
d. FULL NAME OF HOSPITAL OR INSTITUTION 601 N. Clay Ave.		d. STREET ADDRESS (If rural, give location) 601 N. Clay Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) MITTIE	b. (Middle) HELEN	c. (Last) LESTER	4. DATE OF DEATH (Month) (Day) (Year) Nov. 21, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28, 1900	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 6 Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At. Home	11. BIRTHPLACE (State or foreign country) Decatur, Ark.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert A Box	13b. MOTHER'S MAIDEN NAME Isabelle Buckner	14. NAME OF HUSBAND OR WIFE Jethro G. Lester
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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. 487-30-5556	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jethro G. Lester, 601 N. Clay, Kirkwood, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 6 YRS. -
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RHEUMATIC HEART DISEASE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) OLD RHEUMATIC FEVER. -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. RHEUMATOID ARTHRITIS		6 YRS	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4/6x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (m.)	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 May 10, 1955, to Nov. 21, 1955, that I last saw the deceased alive on 10-18-1955, and that death occurred at 9:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert E. Spach M.D.	23b. ADDRESS 35 N. CENTRAL	23c. DATE SIGNED 11-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/25/55	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.
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DATE REC'D BY LOCAL REG. 11-22-55	REGISTRAR'S SIGNATURE Robert E. Spach	FUNERAL DIRECTOR'S SIGNATURE Walter H. Popp	ADDRESS Kirkwood
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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

Felix Leonard

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.