

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 29 1956

318

1003

State File No.

10410

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) Lifetime		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. Baptist Hospital				e. STREET ADDRESS (If rural, give location) 1124 East Gano Ave. (?)					
3. NAME OF DECEASED (Type or Print)		a. (First) CLARA		b. (Middle) E.		c. (Last) LESCH		4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 13, 1879		9. AGE (In years Last birthday) 77	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days	if UNDER 1 Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis MO		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Phillip Pariso			13b. MOTHER'S MAIDEN NAME Emma Brietenstein			14. NAME OF HUSBAND OR WIFE Henry Lesche (Deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edna Belschen 1124 E. Gano Ave.					
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) CARCINOMATOSIS - PROBABLY OVARIAN ADENOCARCINOMA				INTERVAL BETWEEN ONSET AND DEATH 6-8 mos	
				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. 175x					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION CARCINOMATOSIS - ? OVARIAN CARCINOMA						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) 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 April 13, 1956 to Nov 12, 1956 that I last saw the deceased alive on Nov 12, 1956 and that death occurred at 10:15 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE <i>Waverly M. L...</i>				(Degree or title) MD		23b. ADDRESS 457 N. Kings Highway		23c. DATE SIGNED 11-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-15-56		24c. NAME OF CEMETERY OR CREMATORY Friedens Cenetry		24d. LOCATION (City, town, or county) (State) St. Louis, MO			
DATE REC'D. BY LOCAL REG. NOV 14 1956		REGISTRAR'S SIGNATURE <i>Earl Smith MD</i>			25. FUNERAL DIRECTOR'S SIGNATURE SUEDMEYER & SON'S		ADDRESS 3934 N. 20th Street		

(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 *Dustan W. Ginters*.....

Licensed Embalmer No....*432*.....

P. O. Address *St. Louis*.....

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.