

Health,
& Welfare
Public
Service

FILED AUG 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027826
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1900

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| 1. PLACE OF DEATH a. COUNTY St. Louis County | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moline, Mo. | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Halls Ferry Home | | d. STREET ADDRESS (If outside, give location) 2631 Hebert | |

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| 3. NAME OF DECEASED (Type or print) Julius Lesch | | | 4. DATE OF DEATH July 18, 1958 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 25, 1877 | 9. AGE (In years, months, days) 81 | IF UNDER 1 YEAR Months Days | 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) Teamster | 10b. KIND OF BUSINESS OR INDUSTRY Flour Company | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME Fred Lesch | 13b. MOTHER'S MAIDEN NAME W.N.H. | 14. NAME OF HUSBAND OR WIFE Dorothea Lesch |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 492-05-6138 | 17. INFORMANT Vernon Goeckeler | Address 9908 North Hampton |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic De-compensation | | | | 2 years |
| DUE TO (c) Atherosclerotic Heart Disease | | | | 2 years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
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| 21. I attended the deceased from June 1955 , to July 18 and last saw him alive on June 27, 1958 Death occurred at 3:45 AM on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE (Name or title) Charles M. Miller, M.D. | 22b. ADDRESS 3121 N. Grand | 22c. DATE SIGNED 7-18-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 7/21/58 | 23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. |
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| 24. FUNERAL DIRECTOR Morrell Mortuary | ADDRESS 3710 No. Grand | 25. DATE RECD. BY LOCAL REG. 7-18-58 | 26. REGISTRAR'S SIGNATURE Herbert P. Danke M.D. |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Loren E. Percy*

Licensed Embalmer No. *4094*

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.