

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037519

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 388

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bonne Terre</u> ⁰⁹⁴¹
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp. Life</u>		Length of stay in lb	d. STREET ADDRESS <u>4 Park St</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES L. LESSER</u>			4. DATE OF DEATH <u>Oct 16 1958</u> Month Day Year
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 3 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dia. Drill Oper.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mining</u>	11. BIRTHPLACE (City and state or country) <u>Bonne Terre Mo.</u>
13a. FATHER'S NAME <u>Fred Lesser</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Aubuchon</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497 05 6131</u>	17. INFORMANT Address <u>Marian Lesser 5628 Enright St. L. Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypertensive Cardiovascular Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>119 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>443 X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour _____ 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
21. I attended the deceased from <u>Nov. 1947</u> to <u>Oct. 1958</u> and last saw him alive on <u>Oct. 16, 1958</u> Death occurred at <u>9:15 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Martin J. Haw, Jr. M.D. Bonne Terre, Mo</u>		22b. ADDRESS	22c. DATE SIGNED <u>10-17-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10 18 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>BOYER & SON Bonne Terre Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 21, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *B. T. Boyer*

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.