

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025407

FILED VS JUL 7 1960

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1891 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>UNINCORPORATED</u>		Length of stay in 1b <u>5 YRS</u>	c. CITY OR TOWN <u>UNINCORPORATED</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6825 ST CHARLES RD</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>6825 ST CHARLES RD</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>LESSER JR</u> Last <u>LESSER JR</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>18</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/11/1900</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PARKING LOT ATT.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LINCOLN NEB</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>

13a. FATHER'S NAME <u>GEORGE LESSER SR</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET BAUER</u>	14. NAME OF HUSBAND OR WIFE <u>BERTHA LESSER</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>499-26-2624</u>	17. INFORMANT <u>BERTHA LESSER</u> Address <u>6825 ST. CHARLES RD</u>
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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:		INTERVAL BETWEEN ONSET AND DEATH <u>60</u>
IMMEDIATE CAUSE (a) <u>Medullary failure</u>	DUE TO (b) <u>Anoxia of generalized cerebral artery</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) <u>Adenocarcinoma of sigmoid colon 2 y</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to a terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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 _____ s.m. _____ p.m. _____	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <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 12-21-59 to 6-18-60 and last saw him alive on 6-16-60
Death occurred at 6:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Fred G. Coetz, D.O.</u>	22b. ADDRESS <u>9553 Jackson Rd</u>	22c. DATE SIGNED <u>JUN 20</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6/21/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>
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24. FUNERAL DIRECTOR <u>STOCK MORTUARY</u> ADDRESS <u>889 S BRENTWOOD</u>	25. DATE RECD. BY LOCAL REG. <u>6-21-60</u>	26. REGISTRAR'S SIGNATURE <u>John C. Murphy Md.</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gustav W. Gitter

Licensed Embalmer No. 4329

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.