

STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1957

State File No. 11114 Registrar's No. 368

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

I. PLACE OF DEATH a. COUNTY St. Louis b. CITY Rural, Koch, Mo c. LENGTH OF STAY 505 days d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hosp. Koch

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY c. CITY St. Louis d. STREET ADDRESS 4246a West Easton

3. NAME OF DECEASED a. (First) Cora b. (Middle) Lee c. (Last) Lester 4. DATE OF DEATH 2-3-51

5. SEX Fem 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Single 8. DATE OF BIRTH 11-22-38 9. AGE 12

10a. USUAL OCCUPATION Nil 10b. KIND OF BUSINESS OR INDUSTRY Student 11. BIRTHPLACE Mississippi 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Arlee Lester 13b. MOTHER'S MAIDEN NAME Hattie McIntyre 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? None 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME Record at Robert Koch Hospital ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary Tuberculosis (b) Tuberculosis of Lymph nodes (c) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 9-16-49, 19 to 2-3, 1951, that I last saw the deceased alive on 2-2-51, 19 and that death occurred at 8:00A m., from the causes and on the date stated above.

23a. SIGNATURE Harold G. Russell (Degree or title) M.D. 23b. ADDRESS Koch Hospital, Koch, Mo 23c. DATE SIGNED 2-3-51

24a. BURIAL, CREMATION REMOVAL (Specify) Burial 24b. DATE 2-11-51 24c. NAME OF CEMETERY OR CREMATORY Oakdale 24d. LOCATION (City, town, or county) Le May, Mo.

DATE REC'D BY LOCAL REG. 2-8-51 REGISTRAR'S SIGNATURE Herbert R. Donke M.D. 25. FUNERAL DIRECTOR'S SIGNATURE E. B. France ADDRESS 1221 N Grand

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 19 1951

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Lawrence Covens

Signed.....  
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 W. 4th

**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.