FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24204

Primary Registration District No. 1003

Registrar's No. 6316

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 5448 Beacon Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): 7

If yes, name country

3. (a) PRINT FULL NAME: Fay M. Dee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Charles C. Dee

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: October (Month) 4 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
56	9	12	hr. min.

9. Birthplace: Moberly, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

MOTHER FATHER

12. Name: Lee Sallee

13. Birthplace: (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Anna Mathias

15. Birthplace: (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mr. Charles C. Dee

(b) Address: 5448 Beacon Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7/19/48 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Matthews

18. (a) Signature of funeral director: Drehmann-Harral

(b) Address: 1905 Union Blvd.

19. (a) (Date received local registrar) (b) (Registrar's signature)

JUL 16 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th year 1948 hour 11:00 minute A.M.

21. I hereby certify that I attended the deceased from July 13, 1948 to July 16, 1948 that I last saw her alive on July 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Mesenteric thrombosis small intestine

Due to: Possibly due to mural thrombus

Due to: Coronary infarction or valvular goiter

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operation: Gangrenous small intestine 6 ft length

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? Means of injury

23. Signature: C. K. Killer (M. D. or other)

Address: 312 N. Grand Date signed: 7/16/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....Albert R. Thompson

Licensed Embalmer No.....4237

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed. fact should be so stated above.