

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3581

State File No. ....

00163

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. ....

96

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>	c. LENGTH OF STAY (In this place) <u>31 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>997</u> <u>11</u>	d. STREET ADDRESS (If rural, give location) <u>2</u> <u>2</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Reed</u> b. (Middle) <u>C.</u> c. (Last) <u>LEE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec. 20, 1924</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Centralia, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>Willie B. Lee</u>	13b. MOTHER'S MAIDEN NAME <u>Effie Rethard</u>	14. NAME OF HUSBAND OR WIFE <u>none</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>Yes World II</u>	16. SOCIAL SECURITY NO. <u>346 12 8110</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Nolan, Registrar</u>	ADDRESS <u>Vet. Adm. Hosp. Jefferson Barracks, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MALIGNANT TUMOR OF BONE WITH METASTASES TO PLEURA AND BONE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <u>Paraplegia, hydrothorax, left</u> 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec. 18, 1948, to Jan. 18, 1949, that I last saw the deceased alive on Jan. 18, 1949, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.E. Stilwell, M.D.</u> (Degree or title) <u>Professional Services</u>	23b. ADDRESS <u>Vet. Adm. Hospital Jefferson Barracks, Mo.</u>	23c. DATE SIGNED <u>1/19/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/19/49</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Centralia Ill.</u>
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DATE REC'D BY LOCAL REG. <u>1-19-49</u>	REGISTRAR'S SIGNATURE <u>Thurid G. L...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rindskopf Funeral Home</u> ADDRESS <u>5216 Delmar, St. Louis, Mo.</u>
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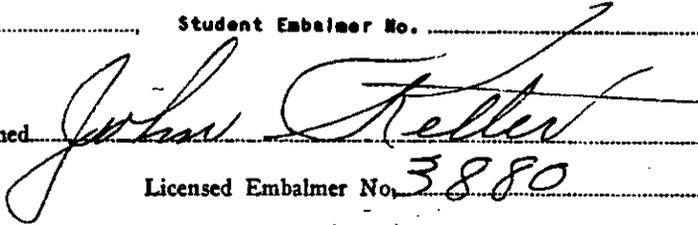
**STATEMENT BY LICENSED EMBALMER**

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. \_\_\_\_\_

Student .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 3880

P. O. Address \_\_\_\_\_

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.