

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10306

No. 300

10.48

State File No.

BIRTH NO. 49-035422 ¹⁹⁶⁰²²REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003Registrar's No. 2792

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mad</u>	
b. CITY (If outside corporate limits, write RURAL and give town or town <u>St. Louis, Mo.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>17</u> OR TOWN <u>St. Louis</u> <u>9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>		d. STREET ADDRESS (If rural, give location) <u>5078 Maple Avenue.,</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>CATHERINE BY</u>	b. (Middle) <u>SUE</u>	c. (Last) <u>LEE</u>
4. DATE OF DEATH	(Month) (Day) (Year) <u>March 27, 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>3-25-49</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wendell Lee</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Moss</u>	14. NAME OF HUSBAND OR WIFE <u>Nil</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Nil</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wendell Lee- 5078 Maple Avenue.,</u>	
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Resp. failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Aspiration</u> <u>159</u>	
DUE TO (c) <u>Prematurity</u> <u>11</u>			
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3/25/49</u> , 19 <u>49</u> , to <u>3/27/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/27/49</u> , 19 <u>49</u> , and that death occurred at <u>5:50A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wendell Lee M.D.</u> (Degree of title)	23b. ADDRESS <u>1515 Lafayette Ave.,</u>	23c. DATE SIGNED <u>3/28/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/28/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holy Rosary</u>	24d. LOCATION (City, town, or county) (State) <u>Monroe City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>MAR 28 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasator</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe-4700 Washington</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed W. Wilkinson

Licensed Embalmer No. 3570

P. O. Address St Louis 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 this body is not embalmed, fact should be so stated above.