

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14455

639

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 639	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Jefferson Barracks, Mo.		a. STATE Illinois		b. COUNTY Saint Clair	
c. LENGTH OF STAY (in this place) 8 days		d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hospital		c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis		d. STREET ADDRESS (If rural, give location) Apt. 4-H, Samuel Compers Home	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) Seth		b. (Middle) W.		c. (Last) LEE		March 13, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced		8. DATE OF BIRTH 7/29/1892	
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe fitter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Centerville, Illinois	
10a.		10b.		11.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unavailable			13b. MOTHER'S MAIDEN NAME Unavailable			14. NAME OF HUSBAND OR WIFE Unavailable	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes World - II			16. SOCIAL SECURITY NO. Unknown			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene F. Nolan, Registrar Vet. Adm. Hosp. Jefferson Barracks, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
*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) CEREBRAL THROMBOSIS 74-74.			
				INTERVAL BETWEEN ONSET AND DEATH Unknown			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 332X			
				DUE TO (c)			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis 19-22			
19a. DATE OF OPERATION None			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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 March 5, 1949, to March 13, 1949, that I last saw the deceased alive on March 13, 1949, and that death occurred at 7:15 a m., from the causes and on the date stated above.							
23a. SIGNATURE L.E. Stilwell, M.D. (Degree or title) Chf. Prof. Services				23b. ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.		23c. DATE SIGNED 3/14/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE March 16-49		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) JEFFERSON BKS. MO	
DATE REC'D BY LOCAL REG. 3-15-49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U&I Co. St. Louis, Mo.			

(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Harry J. Schumacher*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.