FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 25039

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6396

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

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5077 Cates Ave;

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis
d. STREET ADDRESS (If rural, give location) 12 — 5077 Cates Ave;

**3. NAME OF DECEASED** (Type or Print)
a. (First) JOSEPH
b. (Middle) W.
c. (Last) LEE.

**4. DATE OF DEATH** (Month) (Day) (Year) July 20,1949

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married
**8. DATE OF BIRTH** Feb. 7,1882
**9. AGE** (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Druggist; Joseph W. Lee
**10b. KIND OF BUSINESS OR INDUSTRY** Drug Co.
**11. BIRTHPLACE** (State or foreign country) Bunker Hill, Illinois
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Samuel Lee.
**13b. MOTHER'S MAIDEN NAME** Louisa Brandenburg.
**14. NAME OF HUSBAND OR WIFE** Camilla Brown.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
**16. SOCIAL SECURITY NO.** NO
**17. INFORMANT'S SIGNATURE OR NAME** Mrs.Camilla Lee.,5077 Cates Ave, ADDRESS

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas.

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

*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION** 12-27-48
**19b. MAJOR FINDINGS OF OPERATION** Carcinoma of Pancreas.
**20. AUTOPSY?** YES ☐ NO ☒

**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) 469

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 1570X

22. *I hereby certify that I attended the deceased from* 12-23, 1948, *to* 7-20, 1949, *that I last saw the deceased alive on* 7-20, 1949, *and that death occurred at* 1:05P. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** R. Berg Md (Degree or title)
**23b. ADDRESS** 3203 S. Grand.
**23c. DATE SIGNED**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** July 23,1949
**24c. NAME OF CEMETERY OR CREMATORY** Memorial Park Cemetery
**24d. LOCATION** (City, town, or county) (State) St. Louis County, Missouri

**DATE REC'D BY LOCAL REG.** JUL 23 1949
**REGISTRAR'S SIGNATURE** J. B. Losoter
**25. FUNERAL DIRECTOR'S SIGNATURE** C.R.Lupton & Sons;7233 Delmar Blvd., ADDRESS

H.S. (Licensed Embalmer's Statement on Reverse Side)

6396

AUG 1 2 1949

## 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.

Student .....
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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

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