

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAY 17 1950 STANDARD CERTIFICATE OF DEATH

State File No. **18560**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1000		Registrar's No. 4126	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place) 88 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Woodriver 8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 441 Prospect 8			
3. NAME OF DECEASED (Type or Print) a. (First) Elmer			b. (Middle) Roy		c. (Last) Rees		4. DATE OF DEATH (Month) (Day) (Year) May 6 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 14, 1907		9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operating engineer			10b. KIND OF BUSINESS OR INDUSTRY Shell Oil Co.		11. BIRTHPLACE (State or foreign country) Elksville, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ben Rees		13b. MOTHER'S MAIDEN NAME Sarah Ludwig		14. NAME OF HUSBAND OR WIFE Marie Rees			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Rees, Woodriver, Illinois			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma 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 1 yr	
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) 1981			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 Feb. 7, 1950 to May 6, 1950 , that I last saw the deceased alive on May 6, 1950 , and that death occurred at 7:25 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) FR Bradley MD				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 5/6/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-6-50	24c. NAME OF CEMETERY OR CREMATORY Kummel Cemetery		24d. LOCATION (City, town, or county) (State) Woodriver, Illinois		
DATE REC'D BY LOCAL REG. MAY 7 1950		REGISTRAR'S SIGNATURE J. B. Laster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington		

(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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

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.