No. 300
10.48

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

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38739

BIRTH NO. 30711-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9995

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: 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): 1235 N. 18th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2224
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2228 Clark Ave

3. NAME OF DECEASED (Type or Print): a. (First) Delores b. (Middle) c. (Last) Lee

4. DATE OF DEATH (Month) (Day) (Year): Nov. 15 1950

5. SEX: F
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 20, 1950
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 5 Days: 25 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Will Lee
13b. MOTHER'S MAIDEN NAME: Daisy Hudson
14. NAME OF HUSBAND OR WIFE:

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Thurman Scott ADDRESS: 1233 N. 18th St.

MEDICAL CERTIFICATION

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.

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

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchopneumonia

DUE TO (c) Emphysema

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
19b. MAJOR FINDINGS OF OPERATION
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 518X

22. *I hereby certify that I attended the deceased from* 2, 19___, *to* ___, 19___, *that I last saw the deceased alive on* Nov. 15, 1950, *and that death occurred at* 3:35 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Patrick E. Taylor Coroner (Degree or title)
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 11-24-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-24-50
24c. NAME OF CEMETERY OR CREMATORY: Oakdale
24d. LOCATION (City, town, or county) (State): Le May, Mo.

DATE REC'D BY LOCAL REG. NOV 24 1950
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: E. B. Koonce ADDRESS: 1221 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed Clarence [illegible]

Signed.....
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 1221 N [illegible]

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

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