

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42210
State File No. 10923
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis City</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis City</i> 0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Missouri Baptist Hospital</i>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Lelia</i> b. (Middle) <i>Carolyn</i> c. (Last) <i>EMBREE</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 20 1950</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>Jan. 12, 1879</i>	9. AGE (In years last birthday) <i>71</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Charlotteville, W. Va.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>W. J. Cox</i>	13b. MOTHER'S MAIDEN NAME <i>Linda Carr</i>	14. NAME OF HUSBAND OR WIFE <i>William Embree</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Glean Embree</i> ADDRESS <i>Richmond, California</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Arteriosclerosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pathological Fracture Maligant</i> DUE TO (c) <i>General Osteoporosis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>OK Post</i>			

19a. DATE OF OPERATION <i>12/20</i>	19b. MAJOR FINDINGS OF OPERATION <i>Pathological Fracture</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <i>196X</i>
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22. I hereby certify that I attended the deceased from *11/26*, 19*50*, to *12/20*, 19*50*, that I last saw the deceased alive on *12/20*, 19*50*, and that death occurred at *10:57* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS <i>845 Missouri Theatre Bldg, St. Louis, Mo</i>	23c. DATE SIGNED <i>12/21/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	24b. DATE <i>12-21-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Garden City, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>DEC 21 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Sater</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe</i> ADDRESS <i>4700 Washington</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 21 1950

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.....
Student Embalmer

Signed J. W. Pinkley
Licensed Embalmer No. 3653

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.