

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4399

370

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 4191 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gasconade
c. LENGTH OF STAY (In this place) 5 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION Gasconade Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
d. STREET ADDRESS (If rural, give location) 2824 a. Caroline St

3. NAME OF DECEASED a. (First) LEE b. (Middle) SAMUAL c. (Last) PACE
4. DATE OF DEATH (Month) (Day) (Year) Feb. 25 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____
8. DATE OF BIRTH Oct. 23-1892 9. AGE (In years last birthday) 58 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) Locomotive Engineer
10b. KIND OF BUSINESS OR INDUSTRY Railway (M. Pac)
11. BIRTHPLACE (State or foreign country) Sedalia, Mo
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Samuel Pace 13b. MOTHER'S MAIDEN NAME Unkown 14. NAME OF HUSBAND OR WIFE Marie Pace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 702-14-0174
17. INFORMANT'S SIGNATURE OR NAME Lee Pace, 4224 Flad Ave., St. Louis Mo ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden death - cause unknown
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown
DUE TO (c) No evidence of Trauma
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operating locomotive
INTERVAL BETWEEN ONSET AND DEATH 15 min
7952

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION when fell over & died in a few minutes
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Locomotive
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Gasconade Gasconade Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 2-25, 1951, to 2-25, 1951, that I last saw the deceased alive on None, 19, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE Cecil T. Shaw (Degree or title) MD 23b. ADDRESS Hermann, Mo. 23c. DATE SIGNED 2-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 2/25/51 24c. NAME OF CEMETERY OR CREMATORY Sedalia, Cemetery 24d. LOCATION (City, town, or county) (State) Sedalia, Mo

DATE REC'D BY LOCAL REG. 2/25/51 REGISTRAR'S SIGNATURE [Signature] GENERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Hermann, Mo

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 3 1951

RECEIVED

MAR 6 1951

MAR 8 1951

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.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.)