

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1951

State File No. 6353
1781
Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		d. STREET ADDRESS (If rural, give location) 4416 th St Louis Ave	

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT	b. (Middle) LEM	c. (Last) LEM	4. DATE OF DEATH (Month) (Day) (Year) Feb. 21 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 27-1898	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Castle Pa.		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME Paul Lem Lumuca	13b. MOTHER'S MAIDEN NAME Mary Farone	14. NAME OF HUSBAND OR WIFE Leona Lem.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give no. or dates of service) 491-01-8351	17. INFORMANT'S SIGNATURE OR NAME Leona Lem	ADDRESS 4416 th St Louis Ave
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung with metastasis to Brain		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION 2-19-51	19b. MAJOR FINDINGS OF OPERATION Rt. Cerebral Metastatic Brain Tumor	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 163X

22. I hereby certify that I attended the deceased from 1-25-51, 19__, to 2-21-51, 19__, that I last saw the deceased alive on 2-21-51, 19__, and that death occurred at 10:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE Joseph C. Pedant, M.D.	(Degree or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 2-22-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2/24/51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St Louis County
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 23 1951 J. B. Bassett	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Funeral Dir 2849 N. Euclid
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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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Robert J. Dunkwa*

Licensed Embalmer No. *3553*

P. O. Address _____

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.