

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

10338

State File No. ....

Registrar's No. 1970

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. ....		Registrar's No. 1970			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE MISSOURI b. COUNTY ST. LOUIS							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OLIVETTE, MO. 4380					
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL				d. STREET ADDRESS (If rural, give location) # 1 Pricemont Drive.							
3. NAME OF DECEASED (Type or Print)		a. (First) WILLIAM		b. (Middle) Emerson		c. (Last) LEE.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 15, 1897		9. AGE (In years last birthday) 53		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. & Gen. Mgr., United Van Lines.				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William L. Lee			13b. MOTHER'S MAIDEN NAME unk			14. NAME OF HUSBAND OR WIFE Ruth S. Lee.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NUMBER 488-10-1211			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth S. Lee; Olivette, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension							1 yr.		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia, cerebral thrombosis							2 mo		
		DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3'32X									
19a. DATE OF OPERATION 2-3-51		19b. MAJOR FINDINGS OF OPERATION Similar Sympathetic - left							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)						
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? FALL							
22. I hereby certify that I attended the deceased from 10-20-1950, to 2-27-1951, that I last saw the deceased alive on 2-27-1951, and that death occurred at 8:05 P.M., from the causes and on the date stated above.											
23a. SIGNATURE Henry W. Noller, M.D.				(Degree or title) D.		23b. ADDRESS 3720 Washington St. Louis, Mo.			23c. DATE SIGNED 2/28/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MAR. 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. FEB 28 1951		REGISTRAR'S SIGNATURE J.B. Foster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd;					

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.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Melvin J. Kemper

Licensed Embalmer No. 4052

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.