

FILED DEC 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39314
State File No. 10999

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 10999

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10999	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN ST. LOUIS, MO.)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				2. STREET ADDRESS (If rural, give location) 2839 DAYTON ST			
3. NAME OF DECEASED (Type or Print) a. (First) CARRIE		b. (Middle) --		c. (Last) LEE		4. DATE OF DEATH (Month) (Day) (Year) 12 11 51	
5. SEX F 3	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG 9 1899		9. AGE (in years last birthday) 52	IF UNDER 1 YEAR Months 4 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LA.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME ARTHUR MARSHALL		13b. MOTHER'S MAIDEN NAME BETTIE PITTMAN		14. NAME OF HUSBAND OR WIFE LEE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pierce Lee 2839 Dayton			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Pancreas ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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? 157X			
22. I hereby certify that I attended the deceased from 11-13, 1951, to 12-11, 1951, that I last saw the deceased alive on 12-11, 1951, and that death occurred at 7:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. O. Vermillion M.D. M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 12-11-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-17-51		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PK		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.	
DATE REC'D BY LOCAL REG. DEC 12 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. J. Walter 2707 Stoddard			

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 Arthur L. Helliard

Licensed Embalmer No. 4221

P. O. Address 4740th Colfax

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.