

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43150

FILED JAN 16 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11376**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 2179	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3827A Shenandoah		d. STREET ADDRESS (If rural, give location) 17 3827A Shenandoah	

3. NAME OF DECEASED (Type or Print) a. (First) JULIA	b. (Middle) M^E	c. (Last) LEAN	4. DATE OF DEATH (Month) (Day) (Year) DEC-20-51
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5. SEX FE	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec 17 - 1894	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours	Min.
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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) MAYO IRELAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MICHAEL BUTLER	13b. MOTHER'S MAIDEN NAME Bridget LYDON	14. NAME OF HUSBAND OR WIFE ARTHUR J. M^E LEAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. J	17. INFORMANT'S SIGNATURE OR NAME Arthur J. M^E Lean	ADDRESS 3827 Shenandoah
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Secondary Anemia		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 590x	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?
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22. I hereby certify that I attended the deceased from **Dec 12-19, 1951**, to **Dec 20, 1951**, that I last saw the deceased alive on **12-19, 1951**, and that death occurred at **3:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. B. DePew	(Degree or title) M.D.	23b. ADDRESS 1446 So Grand	23c. DATE SIGNED 12-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Dec 24-51	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY CALVARY Cem	24d. LOCATION (City, town, or county) (State) St Louis MO
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DATE REC'D BY LOCAL REG. DEC 24 1951	REGISTRAR'S SIGNATURE Carl Smith, MD	5. FUNERAL DIRECTOR'S SIGNATURE E. J. Schurz	ADDRESS 3125 Lafayette
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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.....

John B. Volmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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.