

**FILED** MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14504**  
Registrar's No. **3741**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3741</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis Co.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>		<b>4536</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Baptist Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>7209 Lyndover Place</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>FLINT</b>		b. (Middle) _____		c. (Last) <b>LEE.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 20, 1952</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 28, 1878.</b>	
9. AGE (In years last birthday) <b>73</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Hopkinsville, Ky.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S..</b>		13a. FATHER'S NAME <b>Chris Lee</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hopkins,</b>		14. NAME OF HUSBAND OR WIFE <b>Herber Lee</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-3602686</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Arthur Lee, 6519 Corbitt Ave.,</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDITIS, ACUTE</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 WEEKS</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIO SCLEROTIC HEART DISEASE ONE YEAR</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>HEPATIC CIRRHOSIS</b> <b>ONE YEAR</b>					
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) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4:30</b>			
22. I hereby certify that I attended the deceased from <b>JUNE 14, 1951</b> , to <b>APRIL 20, 1952</b> , that I last saw the deceased alive on <b>APRIL 20, 1952</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert G. Hall</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>3902 LAFAYETTE ST. LOUIS, MO.</b>		23c. DATE SIGNED <b>APRIL 21, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 23, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cem.,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 21 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Job. W. Clark, 1125 Hodiamont Ave.,</b>			

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

Wm

DR. Robert Hall,  
3902 Lafayette Ave.,  
St. 7646.

**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 S. Kennedy*  
Licensed Embalmer No. 4194  
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.

MAY 5 1963