

No. 300  
FD-48

XC 3 041 355  
Reg. # 102978

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30410**  
Registrar's No. **2267**

**FILED SEP 13 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (In this place) <b>65 DAYS</b>		2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>4569 McMILLAN</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ASA</b>	b. (Middle) <b>(NMI)</b>	c. (Last) <b>LEE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 27, 1952</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12-12-87</b>	9. AGE (In years last birthday) <b>64</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 12 Hrs. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PORTER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>LINCOLN, NEBRASKA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>COLUMBUS LEE</b>	13b. MOTHER'S MAIDEN NAME <b>SALLY HARRIS</b>	14. NAME OF HUSBAND OR WIFE <b>EMMA LEE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WW-I</b>	16. SOCIAL SECURITY NO. <b>489129096</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF BRKS, 23, MO.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>PERITONITIS, GENERALIZED, ACUTE FIBRINOPURULENT</b>		<b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>RUPTURE OF DUODENAL ULCER</b> DUE TO (c) <b>5411</b>		<b>2 days</b>
II. OTHER SIGNIFICANT CONDITIONS <b>ARTERIOSCLEROTIC HEART DISEASE</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>PULMONARY EMPHYSEMA</b>		<b>2 years</b> <b>5 years</b>	

19a. DATE OF OPERATION <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **JUNE 23, 1952**, to **AUGUST 27, 1952**, that ~~death occurred on the above date~~ and that death occurred at **7:15 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James F. McFadden, M.D.</b>	23b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO.</b>	23c. DATE SIGNED <b>8-28-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9/3/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, 23, MO.</b>
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DATE REC'D BY LOCAL REG. <b>9-1-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donker MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WADE FUNERAL HOME 4202 FINNEY</b>
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531 (Licensed Embalmer's Statement on Reverse Side)

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 *Melvin E. Green*

Licensed Embalmer No. *4428*

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.