

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15920**  
Registrar's No. **3959**

FILED MAY 14 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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

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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <b>2129</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>12 5351 Delmar Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Home Hospital		3. NAME OF DECEASED a. (First) Edna b. (Middle) Rutherford c. (Last) Lee	
4. DATE OF DEATH Apr. 15, 1953		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <b>1</b>	
8. DATE OF BIRTH Feb. 7, 1856		9. AGE (In years last birthday) (Specify) 97	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Providence, R. I.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME H. O. Smith		13b. MOTHER'S MAIDEN NAME Isabelle Rutherford	
14. NAME OF HUSBAND OR WIFE Henry C. Lee, deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Louis R. Press	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic heart disease</u>  DUE TO (c)  II. 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>4200</b>		22. I hereby certify that I attended the deceased from <u>Feb. 11</u> , 19 <u>48</u> , to <u>Apr. 15</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Apr. 15</u> , 19 <u>53</u> , and that death occurred at <u>6:10 P. M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS 508 N. Grand Avenue	
23c. DATE SIGNED Apr. 15		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1/18/53		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary 6633 Clayton Road	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 16 1953 <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary 6633 Clayton Road	

**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

*Ernest W. Spillars*

.....  
Licensed Embalmer No. *7080*

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.