

FILED OCT 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. 37372

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9552

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 6204 Alamo Ave			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6204 Alamo Ave.				d. STREET ADDRESS 5 6204 Alamo Ave					
3. NAME OF DECEASED (Type or Print) a. (First) Dorothy		b. (Middle) Adele		c. (Last) Lee		4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 53			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1--6--84		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 4	IF UNDER 1 HR. Days 3 Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Lorraine, Ohio		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Wm -Aiken		13b. MOTHER'S MAIDEN NAME Dora Russell		14. NAME OF HUSBAND OR WIFE Sam J. Lee					
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 ADDRESS Mr. Sam J. Lee-6204 Alamo Ave.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast & Pulmonary metastasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH July 52 Oct 53	
19a. DATE OF OPERATION Feb Oct 1952		19b. MAJOR FINDINGS OF OPERATION Carcinoma of breast				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? 170X					
22. I hereby certify that I attended the deceased from Oct 1952, to 10/4/53, that I last saw the deceased alive on 10/4/53, 1953, and that death occurred at 5: P. m., from the causes and on the date stated above.									
23a. SIGNATURE Prag O Hawk M.D. (Degree or title)				23b. ADDRESS 4660 Maryland Ave.		23c. DATE SIGNED 10-5-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/7/53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis, County Mo.				
DATE REC'D BY LOCAL REG. OCT 6 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary- 6633 Clayton Rd,					

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Ernest W. Spill

Licensed Embalmer No.....

4080

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.