

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44332**

11696

V. S. No. 300
Rev. 10.48

FILED DEC 17 1953

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

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. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN St Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 12 4846 Fountain		2129					
3. NAME OF DECEASED (Type or Print) a. (First) Georgia b. (Middle) _____ c. (Last) Lee			4. DATE OF DEATH (Month) 12 (Day) 7 (Year) 53						
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 7-2 1887	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 5	IF UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St Louis MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME GEORGE WASHINGTON		13b. MOTHER'S MAIDEN NAME ANNIE UNKNOWN		14. NAME OF HUSBAND OR WIFE _____					
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. _____		17. INFORMANT'S SIGNATURE OR NAME LAWRENCE CARROLL				ADDRESS 4846 Fountain	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated Peptic Ulcer; Nephrosclerosis					INTERVAL BETWEEN ONSET AND DEATH Undt.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Peritonitis					Und't.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5401					
22. I hereby certify that I attended the deceased from <u>12/6/</u> , 19 <u>53</u> , to <u>12/7/</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/7/</u> , 19 <u>53</u> , and that death occurred at <u>11:00P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE E. B. Williams			(Degree or title) M.D.		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 12/8/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-12-53	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.		24d. LOCATION (City, town, or county) (State) St Louis MO.				
DATE REC'D BY LOCAL REG. DEC 11 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Bennie Love			ADDRESS 3103 Washington	

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

(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.....
Signature of Student Embalmer

Signed *M. Claude Gordon*.....

Licensed Embalmer No. *3489*.....

4575 Alder P. O. Address *3489*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.