

FILED MAY 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13597**
3718

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)	
b. CITY OR TOWN <i>St. Louis Mo</i>		c. CITY OR TOWN <i>St. Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5 No. 9th St. Holy</i>		e. STREET ADDRESS (If rural, give location) <i>125 5 No. 9th St</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>John</i>	b. (Middle) <i>Lawrence</i>	c. (Last) <i>LEE</i>	4. DATE OF DEATH (Month) (Day) (Year)
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Apr. 1892</i>	9. AGE (In years last birthday) <i>63</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Rail</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Rail</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Arkansas</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Wick</i>	13b. MOTHER'S MAIDEN NAME <i>Wick</i>	14. NAME OF HUSBAND OR WIFE <i>Wick</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Wick</i>	16. SOCIAL SECURITY NO. <i>Wick</i>	17. INFORMANT'S SIGNATURE OR NAME <i>H. D. Sawyer</i>	ADDRESS <i>1500 Clark</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pneumococic Pneumonia</i> DUE TO (c) <i>M.K. Metastasis of Liver</i>		
	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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>162X</i>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, from the causes and on the date stated above.

23a. SIGNATURE <i>James M. Keels</i> Deputy Coroner	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>4/4/55</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>4-30-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>APR 27 1955</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland - Mohr Mortuary Service</i>	ADDRESS <i>St. Louis 10, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Gene A. Hutchins*
Licensed Embalmer No. *496*

P. O. Address *St. Louis*

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.