No. 300
10-48

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

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14131

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 794

1. PLACE OF DEATH
a. COUNTY: ST. Louis
b. CITY OR TOWN (If outside corporate limits, write the word "Rural" and give township): [redacted]
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: ST. Louis
c. CITY OR TOWN: OVERLAND
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 9412 LIBERTY

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Lee

4. DATE OF DEATH (Month) (Day) (Year): April 7 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAR. 24, 1863
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 0 Days 13 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NO RECORD
10b. KIND OF BUSINESS OR INDUSTRY: Unk
11. BIRTHPLACE (City and State or Foreign Country): CALIF, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: NO RECORD
13b. MOTHER'S MAIDEN NAME: NO RECORD
14. NAME OF HUSBAND OR WIFE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: HOSPITAL RECORDS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5, 1955, *to* 4-7, 1955, *that I last saw the deceased alive on* 4-7, 1955, *and that death occurred at* 5:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E Brodine MD.
23b. ADDRESS: 601 S. Brentwood, Clayton, Mo.
23c. DATE SIGNED: 4-7-55

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 7 APR-55
24c. NAME OF CEMETERY OR CREMATORY: HOPEWELL CEMETERY
24d. LOCATION (City, town, or county) (State): MORGAN CO. MO.

DATE REC'D BY LOCAL REG.: 4/7/55
REGISTRAR'S SIGNATURE: Herbert R. Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. F. Kidwell Versailles, mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond C. Hock

Licensed Embalmer No. 462

P. O. Address Versailles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.