

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11037

BIRTH NO. 91895-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2024

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>5 5805 Suburban Ave 20590</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Craig</b>		b. (Middle)	c. (Last) <b>Lease</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2 25 56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH <b>11-29-55</b>	9. AGE (In years last birthday) <b>8</b>	IF UNDER 1 YEAR Days <b>28</b> IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis -</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
13a. FATHER'S NAME <b>Elmer Lease</b>		13b. MOTHER'S MAIDEN NAME <b>Clair Cooper</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr Elmer Lease</b>	ADDRESS <b>5805 Suburban Ave</b>		
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) <b>INFLUENZA</b> <b>Influenza</b> 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.				INTERVAL BETWEEN ONSET AND DEATH <b>5 DAYS</b> <b>5 da.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>481x</b>			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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb 20, 1956</b> , to <b>Feb 25, 1956</b> , that I last saw the deceased alive on <b>Feb 24, 1956</b> , and that death occurred at <b>4 45 Pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>J. I. Nash</b> <b>J. I. Nash</b>		(Degree or title) <b>D. P. O.</b>	23b. ADDRESS <b>1829 S 18th St St Louis Mo</b>		23c. DATE SIGNED <b>2/27/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-28-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Co</b>		
DATE REC'D BY LOCAL REG. <b>FEB 27 1956</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith m.d.</b> <b>m. J. R.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos W Clark</b>	ADDRESS <b>Funeral Home Inc</b> <b>1125 Hodiament Ave</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

1829, S. 1884.  
9-11-2-3.

2703 e

~~XXXXXXXXXX~~  
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 *Alfred J. Proff*.....  
Licensed Embalmer No.....  
P. O. Address *11257th*.....

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