

STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

2910
STATE FILE NUMBER

40284-56

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

628

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> # COUNTY <u>Louisiana, Mo.</u> <u>Pike</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Louisiana, Mo.</u> <u>0821</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>39 Cardinal Glennon Memorial</u>		Length of stay in lb	d. STREET ADDRESS <u>31</u> <u>None</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Stephen</u> ^{First} <u>Lee</u> ^{Middle} <u>Lee</u> ^{Last}			4. DATE OF DEATH Month <u>Jan.</u> Day <u>20</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6/30/56</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>6</u> Days <u></u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Louisiana, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13. FATHER'S NAME <u>Eugene Lee</u>			14. MOTHER'S MAIDEN NAME <u>Rose Asquith</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Eugene Lee</u> <u>Louisiana, Mo.</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congenital hydrocephalus</u> <u>Congenital hydrocephalus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>from birth</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>noon</u> Month, Day, Year <u>1956</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>11-21-56</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>1-20-57</u> <u>1-20-57</u>	
21. I attended the deceased from <u>November 21, 1956</u> to <u>January 20, 1957</u> and last saw <u>her</u> alive on <u>Jan 20, 1957</u> Death occurred at <u>6:00 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Jas. E. King</u> (Degree or title): <u>M.D.</u>			22b. ADDRESS <u>1465 S. Grand</u>		22c. DATE SIGNED <u>Jan 21 1957</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal Jan 21, 1957</u>		23b. DATE <u>Jan 21, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY	
24. FUNERAL DIRECTOR <u>Collins Funeral Serv</u> <u>Louisiana, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>JAN 21 '57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith, Mo</u>	

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 *Leo M. Collins*

Licensed Embalmer No. *38*

P. O. Address *Louisiana*

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.