

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14480

State File No. ....

FILED APR 26 1957

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3446

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>35 yrs</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>01 823 N. 20th St.</u>				e. STREET ADDRESS (If rural, give location) <u>217 823 N. 20th St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Lee</u>		a. (First) _____		b. (Middle) <u>Andrew</u>		c. (Last) <u>Bledsoe</u>	
4. DATE OF DEATH <u>4-8-57</u>		(Month) _____ (Day) _____ (Year) _____					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Oct. 6, 1894</u>	
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>Dresden, Tenn.</u>	
11. BIRTHPLACE (City and State or Foreign Country) /		12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>					
13a. FATHER'S NAME <u>Willie Bledsoe</u>		13b. MOTHER'S MAIDEN NAME <u>DORA Gordon</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. Mattie Bledsoe</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY (If yes, give year or dates of service) <u>WORLD WARI 497-67-3168</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Bledsoe</u> ADDRESS <u>823 N. 20th St.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>422.2.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:22 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James M. Kelly</u>		(Name or title) _____		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>4-9-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-12-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Cty, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>APR 10 '57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Love Ltd. Co.</u>		ADDRESS <u>3103 Washington</u>	

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 *N. Claude Gordon*.....

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

P. O. Address *4575 Ald*.....

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.