

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18959

FILED JUN 14 1957

STATE FILE NUMBER 3150

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri.</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>		Length of stay in lb <b>D.O.A. 2267</b>	
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Franklin</b> Last <b>Lee</b>		4. DATE OF DEATH Month <b>May</b> Day <b>31</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>April 9, 1919</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Meats</b>	11. BIRTHPLACE (City and state or country) <b>Brooklet, Georgia</b>
13. FATHER'S NAME <b>Allen Grady Lee</b>		14. MOTHER'S MAIDEN NAME <b>Unavailable</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>W.W. 11</b>	17. INFORMANT <b>Mary Dicus, 4112 Shaw Avenue.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fracture of skull - 2nd cervical vertebrae suffered in collision between car operated by deceased and car operated by Jerry Walker at intersection of 8th &amp; Meyer Sts</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Accident</b> DUE TO (b) <b>5/31/57</b> DUE TO (c) <b>8164</b>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (GIVE IN PART I)			19. WAS AUTOPSY PERFORMED? <b>YES</b>
20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>See above</b>
20c. TIME OF INJURY Hour <b>5/31/57</b> a. m. <b>5/31/57</b> p. m.			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.) <b>23</b>		20f. CITY, TOWN, OR LOCATION <b>000</b> COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>2:45</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James M. Kelly</b> (Degree or title) <b>Deputy Coroner</b>		22b. ADDRESS <b>1300 Block</b>	22c. DATE SIGNED <b>6-1-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-1-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>States Boro, Georgia.</b>
24. FUNERAL DIRECTOR <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		25. REC'D. BY LOCAL REG. <b>JUN 1 57</b>	26. REGISTRAR'S SIGNATURE <b>J. Earl Smith MD</b>

(Licensed Embalmer's Statement on Reverse Side)

vacm

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Is W Wilkins

Licensed Embalmer No. 33

P. O. Address M. L.

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.