Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-030670
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8090

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 08 Deaconess Hosp. — Length of stay in 1b 18 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Perry
c. CITY OR TOWN 8120 8 Du Quoin — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 32 R.F.D. #3 — Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Ervin Middle A. Last Lee

4. DATE OF DEATH Month 8 Day 18 Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ 1 DIVORCED ☐
8. DATE OF BIRTH 10-17-1898
9. AGE (In years last birthday) 59
IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (City and state or country) Perry Co. Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Dick Lee
13b. MOTHER'S MAIDEN NAME Annie Short
14. NAME OF ~~HUSBAND~~ OR WIFE Caroline

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. Unknown
17. INFORMANT Herb Lee — Address Pinckneyville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Malignant Hypertension — Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 445X
19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 1, 1958, to August 18, 1958 and last saw her/him alive on Aug. 18, 1958
Death occurred at Aug. 18, 1958 11:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert E. Lock, M.D. (Degree or title)
22b. ADDRESS 35 N. Central, Clayton, Mo.
22c. DATE SIGNED 8-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-20-58
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Pinckneyville (State) Ill.

24. FUNERAL DIRECTOR Pyatt — ADDRESS Pinckneyville Ill.
25. DATE RECD. BY LOCAL REG. AUG 20 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.R.
(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 10 1958

## 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 Frank Prokopf

Licensed Embalmer No. 4356

P. O. Address St Louis, Mo

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.