No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041854
State File No.

FILED DEC 1 1958
BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10861

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 32 yrs
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 01 1923 R. Franklin ave 20
e. STREET ADDRESS (If rural, give location) 6 1361 Mont Clair St

3. NAME OF DECEASED (Type or Print) a. (First) Alvin b. (Middle) c. (Last) Lee
4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 58

5. SEX M 2
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH 3-15-1918
9. AGE (In years last birthday) 40 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) Labor
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) Hennings Tenn 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Harrison Lee
13b. MOTHER'S MAIDEN NAME Montgumry Catherine
14. NAME OF HUSBAND OR WIFE Frances Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) War 2 (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 497-07-1404
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frances Lee 2030 a Frinkley ave.

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) Traumatic External Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) suffered when jugular vein was cut by party or parties
DUE TO (c) unknown in vacant house at 1923 a R Franklin Ave.,

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION exact time unknown on or about Nov. 7 1958.
20. AUTOPSY? 1 YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo

21d. TIME OF INJURY (Month) 11 (Day) 7 (Year) 58 (Hour) ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E982X

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 1020 A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) James M Kelly 3 Coroner
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 11-12-58

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 11-14-58
24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson Barricks MO

DATE REC'D BY LOCAL REG. NOV 12 '58
REGISTRAR'S SIGNATURE J. Earl Smith M.D. M.J.B.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gus Lowe 2930 Dickson St

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Leroy U. Bannister

Licensed Embalmer No. 452

P. O. Address 4251 Washi

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