

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011127

STATE FILE NUMBER
2 2387

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

FILED MAR 25 1959

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Mo</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Lukes Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>5696 Kingsbury</i>	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>GERTRUDE</i> Middle Last <i>Lee</i>			4. DATE OF DEATH Month <i>3</i> Day <i>6</i> Year <i>59</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 26 1880</i>	9. AGE (In years last birthday) <i>78</i>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Sales woman</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>St. Louis Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>David Young</i>			14. MOTHER'S MAIDEN NAME <i>Pauline Cichberg</i>			
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. <i>498-03-6664</i>	17. INFORMANT <i>Marcella Lee 5696 Kingsbury</i>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized arteriosclerosis with cerebral vascular insufficiency and hypertensive heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year 2 two weeks 3 years -</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>heart disease</i>		450.0
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. 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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			

21. I attended the deceased from <i>Nov. 3 1956</i> to <i>3/6/59</i> and last saw ^{her} _{him} alive on <i>3/6/59</i> Death occurred at <i>6 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Rahut Paue M.D.</i>		(Degree or title)	22b. ADDRESS <i>3720 Washington</i>	22c. DATE SIGNED <i>3/6/59</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>3-9-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Crem.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		
24. FUNERAL DIRECTOR <i>With Bro. & G. 2929 S. Jefferson</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>MAR 9 '59</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>	

(Licensed Embalmers' Statement on Reverse Side)

Use only black ink or ribbon type if possible. Coroner cannot certify to a death due to natural causes if diseases in Part I must be causally related.

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 *Herbert J. Gax Jr.*.....

Licensed Embalmer No. *481*

P. O. Address *W. K. ...*

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.