

FILED VS DEC 21 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'59 0 4 6 4 2 0

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3186

1. PLACE OF DEATH
a. COUNTY St. Louis

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bellefontaine Neighbors

c. CITY OR TOWN St. Louis c. LENGTH OF STAY (in this place) 4000

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis State School & Hospital

e. STREET ADDRESS (If rural, give location) 10695 Bellefontaine Road

3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) Lee c. (Last) Lending

4. DATE OF DEATH (Month) (Day) (Year) 11 30 1959

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0

8. DATE OF BIRTH 3-20-1920

9. AGE (In years last birthday) 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 2 WRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Max Lending

13b. MOTHER'S MAIDEN NAME Ray Ruth Green

14. NAME OF HUSBAND OR WIFE

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. —

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records of St. Louis State School & Hosp. 10695 Bellefontaine Rd.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Lobar Pneumonia

INTERVAL BETWEEN ONSET AND DEATH 6 days

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____

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

39 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 490x

20. AUTOPSY? YES 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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 25, 1957, to Nov. 30, 1957, that I last saw the deceased alive on Nov. 30, 1957, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dorothy M. Ellersieck M.D.

23b. ADDRESS 10695 Bellefontaine Rd.

23c. DATE SIGNED 11-30-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12/2/59

24c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem.

24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. 12-1-59

REGISTRAR'S SIGNATURE John B. Murphy M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman Rindskopf, Inc. 5216 Delmar

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

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.....

Licensed Embalmer No. *3880*.....

P. O. Address.....

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.