

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021199

FILED AS JUN 15 1960

318

Primary Registration District No. 1003

Registrar's No. 5570

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY City of St. Louis, Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Alabama b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b 9 months		c. CITY OR TOWN Glen Allen, Alabama		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Frisco Employes' Hospital Association			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Rte. # 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Sam NMI Lee, Jr.				4. DATE OF DEATH Month Day Year May 28 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/27/1920	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months 2 Days 1	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Groundman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Winfield, Alabama		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Sam Lee Sr.		13b. MOTHER'S MAIDEN NAME Jeannie B Weeks		14. NAME OF HUSBAND OR WIFE Ruth Mills Lee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW 2 yes		16. SOCIAL SECURITY NO. 422-18-7474		17. INFORMANT Ruth Mills Lee Winfield, Ala. Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 163X						INTERVAL BETWEEN ONSET AND DEATH 6 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 a.m. p.m. Month, Day, Year							
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 Jun 18, 1960 to May 28 1960 and last saw her/him alive on May 28, 1960 Death occurred at 1:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Richard Reider MD				22b. ADDRESS 4th Ave Hospital; St Louis, Mo		22c. DATE SIGNED 5/28/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 28, 1960	23c. NAME OF CEMETERY OR CREMATORY Harmony Grove		23d. LOCATION (City, town, or county) Winfield, Ala.		(State)
24. FUNERAL DIRECTOR Alexander & Sons			25. DATE RECD. BY LOCAL REG. MAY 28 1960		26. REGISTRAR'S SIGNATURE Loal Smith, M.D. 1960		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph M. Cellio

Licensed Embalmer No. 276

P. O. Address 617 1/2 St.

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.