MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3503 — 61-015361 STATE FILE NUMBER

FILED APR 24 1961

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2330 Olive Street. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ANNA — Middle: — Last: LEE
4. DATE OF DEATH: Month: April — Day: 10 — Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/7/1888
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months: — Days: — IF UNDER 24 HR: Hours: — Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Wayne County, Illinois.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unavailable
13b. MOTHER'S MAIDEN NAME: Amanda Cravens
14. NAME OF HUSBAND OR WIFE: James Lee, dec'd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Ancil McReynolds, Address: 5424 Jennings Road.

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): Acute pulmonary embolii
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Status post-op - gastrectomy
DUE TO (c): Adeno-carcinoma of the Stomach
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 151 X
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 3/17/61, to 4/10/61 and last saw he/she alive on 4/10/61
Death occurred at 3:20 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jerome Shoggs, M.D.
22b. ADDRESS: 1515 Lafayette Ave.
22c. DATE SIGNED: 4/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4/12/61
23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri.

24. FUNERAL DIRECTOR: Albert H. Hoppe, Inc. ADDRESS: 4700 Washington Blvd.
25. DATE REC'D BY LOCAL REG.: APR 12 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF | DOCUMENT

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 G W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis

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.