

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5713

-61-022836

FILED JUN 26 1961

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		Length of stay in 1b <u>5 Weeks</u>		c. CITY OR TOWN <u>St. Louis,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5243 Robin Ave.,</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>SAMUEL</u> Middle <u>I.</u> Last <u>LEE</u>				4. DATE OF DEATH Month <u>June</u> Day <u>17,</u> Year <u>1961</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-12-1886</u>		9. AGE (last birthday) <u>74</u>		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) <u>Barry-WehmueUler Mach. Co.,</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Machinist</u>		11. BIRTHPLACE (City and state or country) <u>Fort Wayne, Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>John M. Lee,</u>				13b. MOTHER'S MAIDEN NAME <u>Emma Weichfelder</u>				14. NAME OF HUSBAND OR WIFE <u>Mrs Blanche Lee.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mr. Gene Lee, 1060 Boulder Drive.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho-pneumonia</u> <u>secondary to debility from</u> <u>surgery for</u> DUE TO (b) <u>Perforated bleeding duodenal ulcer</u> which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>541.1 H</u>										INTERVAL BETWEEN ONSET AND DEATH <u>abt 2 wks</u> <u>abt 6 wks</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <u>Cirrhosis of liver Carcinoma, rt. lobe</u>										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"/>		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 <u>7:30</u> a.m. <u>A.M.</u> Month <u>December</u> Day <u>9,</u> Year <u>1952</u>		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 <u>December 9, 1952</u> to <u>June 17, 1961</u> and last saw him alive on <u>June 16, 1961</u> Death occurred at <u>7:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Randolph B. Smith, M.D.</u>						22b. ADDRESS <u>Northland Med Bldg. St Louis</u>		22c. DATE SIGNED <u>6-19-61</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6-20-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>				23d. LOCATION (City, town, or county) <u>St. Louis, County, Mo.</u>		23e. STATE			
24. FUNERAL DIRECTOR <u>Math. Hermann & Son Inc. 2161 E. Fair Ave.,</u>						25. DATE RECD. BY LOCAL REG. <u>JUN 19 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>					

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas W. Katz

Licensed Embalmer No. 3737

P. O. Address St. Louis, Mo.

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.