

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-046562**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12357** STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12357**

**FILED JAN 11 1962**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **DK.**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Masonic Home of Missouri Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY \_\_\_\_\_  
 c. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **5351 Delmar Blvd.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**Donnazetta B. Lelie** **Dec. 29 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **11/22/76** 9. AGE (last birthday) **85** 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 **Housewife** 11. BIRTHPLACE (City and state or country) **Mitchell, Ill.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Edward P. Pettingill** 13b. MOTHER'S MAIDEN NAME **Emma Lambert** 14. NAME OF HUSBAND OR WIFE **George H. Lelie**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Masonic Home of Mo. Semi-Chapman, Supt.** 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) **Bronchopneumonia**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Right Hemiplegia**  
 DUE TO (c) **Generalized arteriosclerosis**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **None** 3'34X  
 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.) **None**

20c. TIME OF INJURY Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Month, Day, Year \_\_\_\_\_  
**None**

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.) **None** 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **July 22, 1960** to **Dec. 29, 1961** and last saw her him alive on **Dec. 29, 1961**  
 Death occurred at **6:14 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Harold E. Walters M.D.** 22b. ADDRESS **3720 Washington St. Louis** 22c. DATE SIGNED **12-30-66**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Jan. 2, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 23d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

24. FUNERAL DIRECTOR **WITT MORTUARY, 6409 Gravois Ave.** ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. **JAN 2 1962** 26. REGISTRAR'S SIGNATURE **Loal Smith M.D.**

**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 Law M. Sigmon

Licensed Embalmer No. 4343

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.