

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

12342

62-048523

STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 2 1963

1. PLACE OF DEATH
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb 10 days

c. CITY OR TOWN Ferguson Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 120 Church St. Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Alice N. Lee

4. DATE OF DEATH Month Day Year 12 22 62

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/5-1880 9. AGE (last birthday) 82 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 --- 11. BIRTHPLACE (City and state or country) Indianapolis, Ind. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Mary Nugent 14. NAME OF HUSBAND OR WIFE Arthur J. Lee

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. --- 17. INFORMANT Harry N. Lee -Ferguson 35, Mo. Address 418 So Clark St.

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) *Renal failure with uremia* INTERVAL BETWEEN ONSET AND DEATH *3 days*
DUE TO (b) *Post operative diverticulotomy* *5 days*
DUE TO (c) *5721*
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 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 *Jan 1961* to *Dec 22, 62* and last saw her alive on *Dec 21, 62*
Death occurred at *8:15 A* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *M D Ferguson M D* (Degree or title) 22b. ADDRESS *Ferguson Mo* 22c. DATE SIGNED *12, 22, 62*

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12/24-62 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR *White-Mullen Mort. - Ferguson 35, Mo.* ADDRESS *118 No. Florissant Rd* 25. DATE RECD. BY LOCAL REG. DEC 24 1962 26. REGISTRAR'S SIGNATURE *Earl Smith, M.D.*

USE BLACK INK OR TYPEWRITER RIBBON

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 Reinhold K. Schuman

Licensed Embalmer No. 3395

P. O. Address St L 35 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.