No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29732

Registration District No. 317 — Primary Registration District No. 3063 — Registrar's No. 1661

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis County

(b) City or town Clayton, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis Co. Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether

In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co. 96

(c) City or town Rock Hill (If outside city or town limits, write "RURAL") 14

(d) Street No. 9383 Golden Gate (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Lee Massey

3. (b) If veteran, name war

3. (c) Social Security No. 490-144569A

4. Sex M U

5. Color or race Wh

6. (a) Single, widowed, married, divorced Wid d

6. (b) Name of husband or wife Winnie

6. (c) Age of husband or wife if alive deg. years

7. Birth date of deceased 9 (Month) - 12 (Day) - 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	20	hr. min.

9. Birthplace Cape Girardeau, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business

FATHER
12. Name William Massey
13. Birthplace Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Schneider
15. Birthplace Cape Girardeau, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Dau. Geraldine Hill

(b) Address 6838 Balsom

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) 8-5-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1947 hour 4 minute 50 M.

21. I hereby certify that I attended the deceased from July 17, 1947 to August 1st, 1947 that I last saw him alive on August 1st, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Infarct of lungs~~ Edema of the lungs WHB	2 hrs
Due to ~~Pulmonary embolism~~ Bronchopneumonia WHB	6 hrs
Due to Strangulated umbilical hernia	48 hrs
Other conditions Cirrhosis of liver (Include pregnancy within 3 months of death)	

Major findings:
Of operations as above 12 2 0

Of autopsy as above

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Wilson G. Brown M.D. (M. D. or other)

Address St. Louis County Hosp. Date signed 8-1-47

8-1-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4029

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.