S. No. 300
v. 10.48

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

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318 1003

State File No. 22057

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 5795

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3347a Nebraska Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo. 2249
d. STREET ADDRESS (If rural, give location) 3347a Nebraska Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle)
c. (Last) Sue

4. DATE OF DEATH (Month) July (Day) 3, (Year) 1950

5. SEX Male

6. COLOR OR RACE Yellow

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Jan 28 1854

9. AGE (In years last birthday) 96
IF UNDER 1 YEAR Months ~~5~~ Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Canton China

12. CITIZEN OF WHAT COUNTRY? China

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Ida F. Sue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Lena W. Lunsford, ADDRESS 3342(a) Nebraska

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — Chronic — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1950, *to* July 3, 1950, *that I last saw the deceased alive on* July 2, 1950, *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE H. E. Jones (Degree or title) M.D.

23b. ADDRESS 4500 Olive St.

23c. DATE SIGNED July 3/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 5, 1950.

24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.

24d. LOCATION (City, town, or county) (State) Fenny Ferry Rd. St. Lo. Mo.

DATE REC'D BY LOCAL REG. JUL 5 1950

REGISTRAR'S SIGNATURE J. B. Sassen

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bull-Campbell Mortuary 4218 Laclede

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Rex E Campbell

Licensed Embalmer No. 3881

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