V.S. No. 300
Rev. 10-48

FILED JUL 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27095

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1827

400 2 0

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 3-days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: University City 434
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 6
e. STREET ADDRESS (If rural, give location): 7006 Lindell Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Lee
b. (Middle): J.
c. (Last): Corse

4. DATE OF DEATH (Month) (Day) (Year): 6 30 53

5. SEX: M. 0
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M. 1
8. DATE OF BIRTH: June 16, 1889
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 0, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SAlesman-Anheuser-Busch
10b. KIND OF BUSINESS OR INDUSTRY: Inc.
11. BIRTHPLACE (City and State or Foreign Country): Iowa 1
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Unknown Corse
13b. MOTHER'S MAIDEN NAME: Unknown Unknown
14. NAME OF HUSBAND OR WIFE: Mrs. Martha Corse

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.: not known
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. William Brown, 901 Auduon Drive

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) Barbiturate poisoning — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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
E 8710 22
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Open
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): University City 134 St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 - 28 - 53 2:39 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self-ingested sleeping tablets, quanity unknown

22. *I hereby certify that I attended the deceased from* 6-28, 1953, *to* 6-30, 1953, *that I last saw the deceased alive on* 6-30, 1953, *and that death occurred at* 12:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E. Nichols M.D.
23b. ADDRESS: 601 S. Brentwood Clayton
23c. DATE SIGNED: 6-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 3, 1953
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 7-1-53
REGISTRAR'S SIGNATURE: Herbert R. Donnke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Arthur J. Donnelly 6016 Lindell Blvd.

(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~~ me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4699

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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