MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

29158

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 8749

City St Louis (No. 4106 West Bell St. ..... Ward)

2. FULL NAME Albert M. Lee

(a) Residence. No. 4106 West Bell St., 11 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 7-1890

7. AGE: Years 37 | Months 1 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cario (STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Albert Lee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cario (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Minnie Swank

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cario (STATE OR COUNTRY) Ill.

14. INFORMANT Minnie Lee (Address) 4106 West Bell.

15. FILED OCT -1 1927, 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1927, to Sept 28, 1927 that I last saw him alive on Sept 27, 1927, and that death occurred, on the date stated above, at 6.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pul. Tuberculosis

23 (duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home

(X) DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Vincent J Mueller, M. D

IX-28, 1927 (Address) 2335 Franklin

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park

DATE OF BURIAL: 10/2 1929

20. UNDERTAKER: Manuel Mudt. Co.

ADDRESS 4069 Finney

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Another