

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

Do not use this space.

31711

1. PLACE OF DEATH

County..... Registration District No..... **791**
 Township..... Primary Registration District No..... **1003**
 City..... **ST. LOUIS** (No. *Deatherdale Hosp.*)

File No..... **9055**
 Registered No.....
 St..... Ward.....

2. FULL NAME

Willard Brandon Lee Jr.

(a) Residence. No. **1316 Fisher Ave.** St. **18** Ward. **E. St. Louis, Illinois**
 (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 **WHITE** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **SINGLE**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 20, 1920**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	7	7	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **child**
 (b) General nature of industry, business, or establishment in which employed (or employer) **12th St 112C**
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **OKLAHOMA CITY**
 (STATE OR COUNTRY) **OKIA**

10. NAME OF FATHER **Willard Lee, Jr.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **BIRMINGHAM**
 (STATE OR COUNTRY) **ALA**

12. MAIDEN NAME OF MOTHER **MARY Moser**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **NEW FRANKLIN**
 (STATE OR COUNTRY) **MO**

14. INFORMANT **Willard P. Lee**
 (Address) **1316 Fisher**

15. FILED **OCT 11, 1927** **Max B. Starkopf**
 REGISTER

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **OCT. 10 19 27**

17. I HEREBY CERTIFY, That I attended deceased from **Oct 8** 19**27** to **Oct 10** 19**27**
 that I last saw him alive on **Oct 10** 19**27**, and that death occurred, on the date stated above, at **4** P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastritis
Bacterial
124 B (duration) yrs. mos. **10** ds.
 CONTRIBUTOR (SECONDARY) **Hepatitis**
 (duration) yrs. **6** mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

9 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? **Clinic**

(Signed) **E. W. Saunders, M. D.**
10, 19**27** (Address) **1541 S. Grand**

*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 **Mt Hope - East St. Louis** DATE OF BURIAL **Oct. 12 19 27**

20. UNDERTAKER **JOS. A. KURRUS, UND** ADDRESS **E. St. Louis**
Chilman

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

