

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

Do not use this space **2897**

1. PLACE OF DEATH

County..... Registration District No. **791** File No.
 Town..... Primary Registration District No. **1003** Registered No. **483**
 City **St. Louis** (No. **4337**) **Gibson Ave.** St. **18** (Ward)

2. FULL NAME

Patrick J. Lee
 (a) Residence No. **4337** Gibson Ave., St. **18** Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred **55** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IS MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF **Mary Lee**
 (or) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 About 79
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Day Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Hydraulic Press
 (c) Name of employer **Trick Co. Retired**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ireland

14.

INFORMANT Mary Lee
 (Address) 4337 Gibson Ave.

15.

FILED **1.1.1928** Max L. Starkeoff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12 1928
17.

I HEREBY CERTIFY, That I attended deceased from 10/5 to 1/2 1928 that I last saw him alive on 6/19 1928, and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis caused by enlarged prostate gland & cystitis
 (duration) 7 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

uremia (duration) yrs. mos. da. 10

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Did an operation precede death? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) F. L. Millikin, M. D.

Address 4928 Shaw

*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

DATE OF BURIAL

Calvary Cemetery Jan. 16 1928

20. UNDERTAKER

ADDRESS

Trigg Lawes & Co. 410 of

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.

Dr. Milligan #928 Shaw A.