

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

Do not use this space.

3089

**1. PLACE OF DEATH**

County St. Louis

Registration District No. 791

File No. 703

Township St. Louis

Primary Registration District No. 1003

Registered No. 703

City St. Louis

(No. 1020 Pendleton Ave.)

St. 19 Ward)

**2. FULL NAME**

Infant Relda Lee

(a) Residence, No. 1020 Pendleton St., 19 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 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) Aug 16 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Daniel Rodgers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mildred Lee

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

14. INFORMANT Aberham Lee  
(Address) 1020 N. Pendleton Ave

15. FILED May 10 1928 Max L. Starkloff  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY That I attended deceased from Jan 17 1928 to Jan 17 1928, that I last saw him alive on Jan 17 1928, and that death occurred, on the date stated above, at 7:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Gastritis,  
1120  
158 1120 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 'Battle fed'  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) A. W. Craddock, M. D.  
Date Jan 19 1928 (Address) 100 N. Ruffner

\*State the DISEASE CAUSING DEATH, or an death from VIOLENCE, 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 January 1928

20. UNDERTAKER Manuel W. Co ADDRESS 11037  
Finney

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.

Crustaceans