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

Do not use this space.

13215

1. PLACE OF DEATH

County..... Registration District No. 791 File No. 3776

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

City St Louis (No. ..... Peoples Hospital St. ..... Ward)

2. FULL NAME Benjamin W Lee

(a) Residence. No. 2707 A Stodard St., 21 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: Colord

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mamie

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 17 1869

7. AGE: Years 59 | Months 11 | Days 4 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER: Henry Lee

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

12. MAIDEN NAME OF MOTHER: Sophie McTeke

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

14. INFORMANT: Mamie Lee
(Address) 2707 Stodard St

15. FILED MAR 22 1929 Mary C Starker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1929.

17. I HEREBY CERTIFY, That I attended deceased from March 10th, 1929, to March 21, 1929 that I last saw h. alive on March 21, 1929, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asthma (Bronchial non Tubercular
107A
112 (duration) ..... yrs. ..... mos. 25 ds.

CONTRIBUTORY (SECONDARY) Pneumonia (Bronchial Asthma (duration) ..... yrs. 1 mos. 25 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2707 Stoddard St

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Laboratory

(Signed) Irvin J Harris, M. D

Mar 27, 1929 (Address) Arcade Bldg

*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: Sparta Ill — DATE OF BURIAL: Mar 31 1929

20. UNDERTAKER: J W Hughes — ADDRESS: 2620 Lawton

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

182 22 22 22