

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

Do not use this space.  
20984  
~~21082~~  
File No. \_\_\_\_\_  
Registered No. **5802**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City **St. Louis** (No. **St. Johns Hosp.**)

**2. FULL NAME**

**William E. Lee**  
(a) Residence. No. **7212 Lyndover** St. **12** Ward. **St. Louis Co. Mo**  
(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Sadie Orecht Lee</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>June 25th 1860</b>		
7. AGE <b>69</b>	YEARS <b>11</b>	MONTHS <b>19</b>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <b>Secretary</b> (b) General nature of industry, business, or establishment in which employed (or employer). <b>Orecht Co</b> (c) Name of employer <b>Walt Korman</b>		
9. BIRTHPLACE (CITY OR TOWN) <b>St. Louis MO</b> (STATE OR COUNTRY)		
10. NAME OF FATHER <b>Will Lee</b>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <b>Ohio</b> (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER <b>Mary E. Tice</b>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <b>Missouri</b> (STATE OR COUNTRY)		
14. INFORMANT <b>Will E. Lee Jr.</b> (Address) <b>1070 Lyndover Ave</b>		
15. FILED <b>UN 16 1930</b> 19 _____ REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 14, 1930**

17. I HEREBY CERTIFY, That I attended deceased from **June 13**, 19**30**, to **June 17**, 19**30** that I last saw him alive on **June 14**, 19**30**, and that death occurred, on the date stated above, at **1:00** P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Coronary Thrombosis  
59 Cerebral Hemorrhage  
52 B  
107** (duration) yrs. mos. **9** ds.

CONTRIBUTORY (SECONDARY) **Hypertension and  
Diabetic Mellitus** (duration) yrs. mos. **2** ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH **Home 7212 Lyndover, Maplewood**  
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? **no**  
WHAT TEST CONFIRMED DIAGNOSIS **Clinical findings**  
(Signed) **Forster A. Dill** M. D.  
**June 15, 1930** (Address) **7346 Manchester, Maplewood, Mo.**

\*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 **Bellefontaine Cem** DATE OF BURIAL **June 16th 1930**

20. UNDERTAKER **Ch. Lupton** ADDRESS **4449 Olive St**

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.

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

Dr. S. ...  
634 N. Grand ave

Jefferson 9727

(10.30 am. Sunday.)  
(7348 Manchester ave.)