

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

Do not use this space.

34109

1. PLACE OF DEATH

County..... Registration District No. *881*
Township..... *St. Louis* City, Hospital #2
City..... (No. *19*)

File No.....
Registered No. **9462**
St. Ward)

2. FULL NAME

(a) Residence, No. *4263 W. Lake Boulevard* St. Ward. *11*

(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 *Coe* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Laura Lee*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-25-1877*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *55 1 26*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Laborer*
10. Date deceased last worked at this occupation (month and year) *2-27* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La 2*

FATHER 13. NAME *Willis Lee*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La*

MOTHER 15. MAIDEN NAME *Unknown* 31

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *A. K. Gordon, 1249 Morgan St., St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *Oct 25-1932*

19. UNDERTAKER (ADDRESS) *A. C. Gordon Undert. Co. 1249 Morgan St.*

20. FILED *OCT 25 1932* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-21-1932*

22. I HEREBY CERTIFY, That I attended deceased from *10-14*, 19*32*, to *10-21*, 19*32*

I last saw him alive on *10-21-32* 19*32* Death is said to have occurred on the date stated above, at *3:59* m.

The principal cause of death and related causes of importance were as follows:

93e
Chronic myocarditis
Other contributory causes of importance:
93e ①

Name of operation..... Date of.....
What test confirmed diagnosis? *St. St.* Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify *Chronic myocarditis*
(Signed) *Chas. M. D.*
(Address) *City Hospital #2*

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.

THIS IS A PERMANENT RECORD

