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

Do not use this space.

37831

File No. 10536

Registered No. 10536

1. PLACE OF DEATH

County ..... Registration District No. 1095

Township ..... Primary Registration District No. 1095

City St. Louis (No. Missouri Pacific Hospital St. ..... Ward)

2. FULL NAME Mrs. Ara Anna Lee,

(a) Residence, No. 4542 Gibson St., 9 Ward.
(Usual place of abode) St. Louis, Mo.

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sterling E. Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	58	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER

13. NAME Lafayette Whitlock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Rose Harbrough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Sterling E. Lee
(ADDRESS) 4542 Gibson Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion DATE Nov. 30 1932

19. UNDERTAKER Matt Hermann & Son
(ADDRESS) 3161 Cass Ave. Blvd.

NOV 28 1932

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1932, to Nov. 27, 1932

I last saw her alive on Nov. 27, 1932. Death is said to have occurred on the date stated above, at 5:30 A.m.

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

	Date of onset
Carcinoma of Rectum & generalized Arteriosclerosis	?
Intestinal Obstruction	11-13-32

Other contributory causes of importance: 4 Colon Inv 8 12 3 8

Name of operation Colostomy Date of Oct. 14-1932

What test confirmed diagnosis? ..... Was there an autopsy? No

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? No

If so, specify .....

(Signed) Jane Forhaque, M. D.

(Address) Missouri Pacific Hosp

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.