

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

Do not use this space.

42391

1. PLACE OF DEATH

County..... Registration District No.....
Township.....
City St. Louis Mo (No. Jewish Hospital)
Primary Registration District No.....

File No.....
Registered No. 11522
St..... Ward.....

2. FULL NAME

Joseph Lee
(a) Residence, No. 2711 Bacon St., 11 Ward.

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Stella Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-26-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32. 11 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner - 12
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Landscaper 5/32
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1

MOTHER FATHER 13. NAME Ernest Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

15. MAIDEN NAME Unknown

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

17. INFORMANT Stella Lee (ADDRESS) 2711 Bacon St

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE Dec-27 1932

19. UNDERTAKER Conbrater Md Lee (ADDRESS) 4234 Manchester 1001

20. FILED DEC 26 1932 Way C Janelin Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/25 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/12, 1932 to 12/25, 1932
I last saw him alive on 12/20, 1932 Death is said to have occurred on the date stated above, at 8:40 P. M.
The principal cause of death and related causes of importance were as follows:

Uremia terminal Date of onset 3 das.
acute toxic Nephritis
Cause of cellulitis unknown
Other contributory causes of importance: Cellulitis of neck, deep 10 das.
acute infections

Name of operation Incision of Abscess Date of 12/25/32
What test confirmed diagnosis? Was there an autopsy? Yes

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 Care of patient, M. D.
(Signed) Joseph Lee
(Address) Jewish Hospital

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.

