

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

Do not use this space.

18253

1. PLACE OF DEATH

County Registration District No. 79
 Township Primary Registration District No. 11
 City St. Louis (No. Boyle Ave + Mrs. Pac Trade) St. 18 Ward

File No.
 Registered No. 4464

2. FULL NAME

(a) Residence, No. 4023 M & P. Ave St. 18 Ward.
 (Usual place of abode)
 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.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1933
 22. By physician HEREBY CERTIFY, That I attended deceased from all over, 19....., to, 19.....

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

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 5A m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 1900

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

Date of onset

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

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Shock + Injuries
(Body Mangled)
Manner - Cause of name
 Other contributory causes of importance:
could not be ascertained

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME John M. Lee

Name of operation 194B Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

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

15. MAIDEN NAME Lucretia Waters

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? Spontaneous Date of injury 5/20, 1933
 Where did injury occur? St. Louis Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT John M. Lee
 (ADDRESS) 4826 Sigel Ave

Manner of injury Industry
 Nature of injury Body mangled

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE May 23 1933

19. UNDERTAKER (ADDRESS) Feltz Turn
1327 Lafayette St

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Yes
 (Signed) J. P. Bredsch
 (Address) St. Louis Mo.

20. FILED May 22 1933
J. P. Bredsch
 Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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4/23/33

Corona