APR 9 1935

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. ~~City Hospital #23~~ 1302 N. 11th St. ..... Ward)

File No. 10804

Registered No. 2426

**2. FULL NAME** Henry Lee

(a) Residence, No. 1302½ N. 11th St., 25 Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 – 1874

7. AGE: Years 60 | Months 2 | Days 11 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenberg Ala.

FATHER

13. NAME Steve Lee

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Beatrice Lee 1302½ N. 11th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 3 – 14 1935

19. UNDERTAKER (ADDRESS) Dement – son 2700 Wash St.

20. FILED MAR 14 1935 Jos. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

~~No physician in attendance~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

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

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

| | Date of onset |
|---|---|
| Rupture of Aortic Aneurysm at base of Aorta; | |
| Hemorrhage, Chest | |
| Chronic Myocarditis | |
| Chronic Interstitial Nephritis | |

Other contributory causes of importance .....

Name of operation ..... Date of .....

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 .....

(Signed) [illegible], M. D.

(Address) [illegible]

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