

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

Do not use this space.

JUL 12 1935

21467

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St Louis, Mo.** (No. **6136**), **Delmar** St. **6** Ward.

File No.
 Registered No. **5424**
 St. Ward)

2. FULL NAME **J. Glenn Lee.**
 (a) Residence, No. **6136 Delmar.**

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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nina M. Lee.**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May, 20, 1882.**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 53 **1** **2**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Vocal Instructor.**
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) **St. Louis, Missouri.**

13. NAME **Geo. W. Lee.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Boonville, Missouri.**

15. MAIDEN NAME **Sallie Gunn.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisiana, Missouri.**

17. INFORMANT **W. H. Lee**
 (ADDRESS) **6136 Delmar 1342**

18. BURIAL, CREMATION, OR REMOVAL **Walla Grove**
 PLACE **Walla Grove**, DATE **6/25**, 19**35**

19. UNDERTAKER **W. H. Lee**
 (ADDRESS) **6136 Delmar Bld**

20. FILED IN **24 1935**
J. Bredbeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 22, 1935**
22. I HEREBY CERTIFY, That I attended deceased from **about Apr 16, 1935, to June 22, 1935**
I last saw him alive on **June 22, 1935** **Death is said to have occurred on the date stated above, at** **9.0** **m.**

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

Empoema -
Valvular Disease of Heart
 Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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 **John B. Rule**, M. D.
 (Signed) **John B. Rule**
 (Address) **1023 N Grand St**

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.

(583) *Calypso*
12³⁰ to 2 P.M.