

JAN 13 1936

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 Mo** (No. **7519**) **Walter Ave** St. **10314** Ward

2. FULL NAME

Thelma Birdie Lee
(a) Residence, No. **7519 Walter** St., **12** 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 **Female** 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 **Chas E. Lee**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr 10 - 1909**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26. 8. 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At home**
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) **Kentucky**

13. NAME **J. B. Pich**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Joseph Conkron**

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

17. INFORMANT **Chas E. Lee**
(ADDRESS) **7519 Walter Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **Dec 7 - 1935**

19. UNDERTAKER **Edith E. Amelator**
(ADDRESS) **4234 Maryland**

20. FILED **DEC - 7 1935** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 4 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 26 1935** to **Dec 4 1935**
I last saw her alive on **Dec 3 1935** 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:

Pneumonia (Chol)
Date of onset **Nov 24 1935**
Other contributory causes of importance: **108**

Name of operation **Pneum** Date of.....
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) **Carl P. Dudley**, M. D.
(Address) **6089 Philadelphia Bldg**

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.

608711.1. R. G. G.