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.

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

Do not use this space.

APR 11 1936

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12605

Township ..... Primary Registration District No. 1003 Registered No. 2638

City St. Louis (No. City St. ..... Ward)

A 18259

2. FULL NAME Guy Lee

(a) Residence, No. 1514 S 7th St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17 1880

7. AGE YEARS 55 MONTHS 11 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Check clerk Miss RR
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) Anna Ill

FATHER
13. NAME Amos Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hart Fu[illegible] City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews DATE Mar 11 1936

19. UNDERTAKER (ADDRESS) Wacker-Helderle 2331 S Broadway

20. FILED MAR 10 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/36 19

22. I HEREBY CERTIFY, That I attended deceased from 3/10, 1936 to 3/8/36, 19....

I last saw him alive on 3/8/36, 19.... Death is said to have occurred on the date stated above, at 1 a.m.

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

Arteriosclerosis c degenerative Ht disease

Date of onset

Other contributory causes of importance:
Organic Psychosis
Acute Circulatory Collapse

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? No
If so, specify .....

(Signed) H. H. Figert, M. D.
(Address) City Hospital