JUN 6 1936

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

Do not use this space.

21267

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5478

City St. Louis (No. 5923a Wabada Ave., St. ..... Ward)

2. FULL NAME Nora Lee,

(a) Residence, No. 5923a Wabada Ave., St., 6 Ward.
(Usual place of abode) (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 John Lee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 25, 1876.

7. AGE: YEARS 60 | MONTHS 1 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Jerry Regan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Margret Mahoney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT John Lee
(ADDRESS) 5923a Wabada Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE May 26/36.

19. UNDERTAKER Jos. W. Clark.
(ADDRESS) 1125 Sediamont Ave.,

20. FILED MAY 25 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22/36. 19

22. I HEREBY CERTIFY, That I attended deceased from apr 16th 1936, to May 22, 1936.
I last saw her alive on May 22, 1936. Death is said to have occurred on the date stated above, at 4.00 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset ✓

J Z C

Other contributory causes of importance
Arterio Sclerosis

Name of operation ✓ 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? ✓
If so, specify ✓
(Signed) James D Hicks, M. D.
(Address) 6201 Lotus Ave.

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.

Dr. James Hicks.
6207 Lotus Ave.,
Mu. I650.