MAY 7 1937

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 File No. 14228

Township ..... Primary Registration District No. 1003 Registered No. 3724

City St. Louis, Missouri (No. Masonic Old Folks Home X St. ..... Ward)

2. FULL NAME Mrs. Hallie J. Lee, /

(a) Residence, No. 5351 Delmar Blvd. St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 4 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
9 62	73	11	10	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Housewife

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) Wentzville, Missouri

FATHER

13. NAME H. L. McRoberts,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Martha C. Grantham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) (Mrs) Wilmoth Waller, 5351 Delmar St Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt Lebanon DATE 4-7 1936

19. UNDERTAKER (ADDRESS) Jacob Smith Funeral Home 1456 Manchester ave

20. FILED APR 7 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1936, to April 5, 1937, 19

I last saw her alive on April 4, 1937, 19 Death is said to have occurred on the date stated above, at 8. 15 A. M

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

	Date of onset
Auricular Fibrillation	II days
Other contributory causes of importance:	
Diabetes Mellitus	I yr

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Name of operation ---------- Date of ---

What test confirmed diagnosis? Phy. Ex. 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) Dolan Cameron, M. D.

(Address) 508 N. Grand Blvd.

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.

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