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.

SEP 25 1937

1. PLACE OF DEATH

County St. Louis — Registration District No. 1170 — File No. 31888

Township Jefferson — Primary Registration District No. Hospital 6248-H — Registered No. 171

City Richmond Heights (No. In Route to Route No. 50. St. Ward)

2. FULL NAME Annastatia Lee.

(a) Residence, No. 5948 Wabada St., 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: Fred. Lee.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1910.

7. AGE: 27 YEARS — MONTHS: 0 — 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. Houseewife
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) Missouri

FATHER

13. NAME William. Mockler.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

MOTHER

15. MAIDEN NAME May. Cummings.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Fred. Lee. 5948 Wabada. Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE Aug 5 1937

19. UNDERTAKER (ADDRESS) Jos. W. Clark. 1125 Hodiamont. Ave.

20. FILED Aug. 4 1937. Sam A. Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.00 AM.

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

Automobile accident. while riding as passenger in private auto which struck telephone pole along side of highway — Date of onset 8/2/37

Other contributory causes of importance: Fractured skull 8/2/37

Name of operation None Date of .....

What test confirmed diagnosis? Physical Signs Was there an autopsy? NO.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/2, 1937
Where did injury occur? Grover Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Auto hit telephone pole.
Nature of injury Fractured

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) John O Connell, M.D.
(Address) Coroner, St. Louis Co.