

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.

35114 1937

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

32384

Do not use this space.

1. PLACE OF DEATH

(a) County.....

Registration District No.....

(b) Township.....

Primary Registration District No.....

(c) City.....

(d) Street No.....

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

Registered No.....

8438

C. 7918

2. PRINT FULL NAME

James Lee

2908 a Sullivan

(a) Residence, No.....

(Usual place of abode, if no street address, write county or city)

St.

102

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

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

Margaret Lee

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

July 26 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

269

1

11

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

night watchman
nil

9. Industry or business in which work
was done, as 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)

St. Louis, Missouri

13. NAME

Thomas Lee

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

Ireland

15. MAIDEN NAME

Ann Galvin

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

Ireland

17. INFORMANT
(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Olive

DATE

Sept 9 1937

19. FUNERAL DIRECTOR
(ADDRESS)

Southern Trust Co
6323 So. Grand Blvd

20. FILED

SEP 7 1937

J. Bredeck

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from

9/2/37

19

9/5/37

19

I last saw h.

live on

9/5/37

19

Death is said

to have occurred on the date stated above, at 6.45 P.

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

Hemorrhage into
Cerebrum

Date of onset

Other contributory causes of importance:

g 2 a

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?.....

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 & deceased?.....

If so, specify.....

(Signed)

Richard P. Veth

M. D.

(Address)

City Hospital No.1

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Frank Ludwig

No. or by

working under my personal supervision.

Registered Apprentice No. 2504

Signed Frank Ludwig

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)