

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

32744
Do not use this space.

OCT 14 1937

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... *St. Louis* (d) Street No. *McPaul Hospital* Registered No. *8798*
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME *Catherine E. Lee*
 (a) Residence, No. *1365 Brawville Pl.* St. *6* (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 25, 1888*

7. AGE YEARS *48* MONTHS *9* DAYS *25* If LESS than 1 day, hrs. or min.

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

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*

FATHER 13. NAME *John Lee*

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

MOTHER 15. MAIDEN NAME *Bridget Egan*

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

17. INFORMANT (ADDRESS) *Mary Lee 1365 Brawville Pl.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cemetery* DATE *Sept. 22, 1937*

19. FUNERAL DIRECTOR (ADDRESS) *Chas. H. Stuart 1225 Union Blvd. St. Louis*

20. FILED *J. J. Bredek* Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 20, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *May 11* 19*37* to *Sept 20* 19*37*
 I last saw him alive on *Sept 19* 19*37*. Death is said to have occurred on the date stated above, at *9:55 P.M.*
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver (Malignant, Primary carcinoma of the liver) pancreas
 Other contributory causes of importance: *None*

Name of operation *Exp. Lop* Date of *Sept 13, 1937*
 What test confirmed diagnosis? *None* 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? *Yes*
 If so, specify (Signed) *Roumet-Lau* M. D.
 (Address) *1117 N. Grand*

SEP 21 1937

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Bernard A. J. Stueck, Licensed Embalmer No. 3500

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Bernard A. J. Stueck

Licensed Embalmer No. 3500

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.)