

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Do not use this space.

JAN 24 1938

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

46606
Do not use this space.

210

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 333

(b) Township Leigerson Town Primary Registration District No. 4468

(c) City Bridgeton (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(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 Fannie Lee

(a) Residence, No. 1417 N. 8th St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

About 75

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

FATHER 13. NAME Henry Miller

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Willie Lee
(ADDRESS) 1417 N. 8th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bridgeton, Mo. DATE Dec. 5 1937

19. FUNERAL DIRECTOR Russell Undertaking Co.
(ADDRESS) 2732 Pine Street

20. FILED 12-6 1937 W. a. Zeitler
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25th, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 20th, 1937 to November 25th, 1937.
I last saw her alive on November 25th, 1937. Death is said to have occurred on the date stated above, at 5:40 p. m.

The principal cause of death and related causes of importance were as follows:
Cancer of the Stomach and Bowels

Date of onset
11.25.36

Other contributory causes of importance: Life

Name of operation _____ Date of _____
What test confirmed diagnosis? Nil 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) H. J. Hoffman, M. D.
(Address) Pa. Thompson

Rev. S. Smith
(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

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

Joel Russell

Licensed Embalmer No. 2115

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

46606

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 333

(b) Township Ferguson Town Primary Registration District No. 4468 Registered No. 217

(c) City Ferguson Town (d) Street No. _____ St.

(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 Fannie Lee

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u> negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u> wid</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>abt 75</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19__				
19. FUNERAL DIRECTOR (ADDRESS)				
20. FILED <u>Feb. 22-7, 1938</u> <u>H. J. Tolman M.D.</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 25 - 1937</u>	
22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19__	
I last saw h. _____ alive on _____, 19__.	
Death is said to have occurred on the date stated above, at _____ m.	
The principal cause of death and related causes of importance were as follows:	
<u>Cerebronia of stomach + bowels</u>	
<u>Primary seat of lesion was that stomach</u>	
Other contributory causes of importance:	
Name of operation <u>H/S</u> 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 of deceased? _____	
If so, specify _____	
(Signed) <u>H. J. Tolman</u> _____, M. D.	
(Address) <u>Pattouville</u> _____	

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

