

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

1085  
Do not use this space.

FEB 12 1938

791  
1003

941

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. Lowes State Theatre 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

William Lee 000  
(a) Residence, No. 3671a Russell Blvd. St. 17  
(Usual place of abode, if no street address, write county or city) (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
71 7 21

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

FATHER 13. NAME William Lee

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

MOTHER 15. MAIDEN NAME Julia Anderson

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

17. INFORMANT Mr. William Lee  
(ADDRESS) 4958 Leahy Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Jan. 28, 1938

19. FUNERAL DIRECTOR Arthur J. Donnelly Undt. Co.  
(ADDRESS) 3840 Lindell Blvd.

20. FILED JAN 26 1938 J. T. Bredeck Local Registrar.

NO PHYSICIAN CERTIFICATE OF ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1938 19

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 10 am.

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

Chronic Fibrous Myocarditis.  
Arteriosclerosis of Coronary Arteries

Other contributory causes of importance

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? No

Go, specify ..... (Signed) Joseph M. Zumbach M.D.  
(Address) .....

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.

STATEMENT BY LICENSED EMBALMER

I, Alfred F. Boedeker, Licensed Embalmer No. 2663

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

Alfred F. Boedeker

Licensed Embalmer No. 2663

**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.)**