

REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23546

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **DePaul Hospital** St. **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.

Registered No. **6240**2. PRINT FULL NAME **Infant Lee**

(a) Residence, No. **3721 North Taylor Avenue** St. **MO**
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 9, 1938**

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

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) **St. Louis**
 (STATE OR COUNTRY) **Missouri**

13. NAME **Clife Lee**

14. BIRTHPLACE (CITY OR TOWN) **Sherman**
 (STATE OR COUNTRY) **Mississippi**

15. MAIDEN NAME **Ruby Blackwell**

16. BIRTHPLACE (CITY OR TOWN) **DeSoto**
 (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Clife Lee**
 (ADDRESS) **3721 North Taylor Avenue**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Friedens Cem.** DATE **July 11, 1938**

19. FUNERAL DIRECTOR **Math Hermann & Son**
 (ADDRESS) **2161 East Fair Avenue**

20. FILED **JUL 12 1938** **J. B. Bullock**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 9, 1938**

22. I HEREBY CERTIFY That I attended deceased from **July 9, 1938** to **July 9, 1938**
 (If deceased had been alive on Death is said to have occurred on the date stated above, at **4:19 p.m.**

The principal cause of death and related causes of importance were as follows:
Prematurity 6 mos (Still Born)

Other contributory causes of importance:
Cause of prematurity not determined

Name of operation Date of
 What test confirmed diagnosis **Clinical** 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 **S. M. Jordan**, M. D.
 (Signed) **S. M. Jordan**
 (Address) **1549 Beary**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Ernest Hampton

Licensed Embalmer No.

2967

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.)