

REC'D DEC 13 1938

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

38623  
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85  
(b) Township \_\_\_\_\_ Primary Registration District No. 100 Registered No. 1129  
(c) City ST. JOSEPH (d) Street No. ST. JOSEPH - HOSPITAL 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 ROBERT - LEE

(a) Residence, No. 108 No. 2 No. St.  (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 Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11-1875

7. AGE YEARS 63 MONTHS 4 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labourer  
9. Industry or business in which work was done, as saw mill, bank, etc. Labourer  
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) Sumner Mo.

FATHER 13. NAME E. D. Lee

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

MOTHER 15. MAIDEN NAME Sarah Smith

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

17. INFORMANT (ADDRESS) Mr. Rose Hainmueller  
Denver Colo.

18. BURIAL, CREMATION, OR REMOVAL 100%  
PLACE Denver Mo. DATE 11-13-38

19. FUNERAL DIRECTOR Stoney Funeral Home  
(ADDRESS) St. Joseph Mo.

20. FILED Nov 15 1938 W. H. Hestlebach  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1938, to Nov 11, 1938.

I last saw him alive on Nov 11, 1938. Death is said to have occurred on the date stated above, at 10 a. m.

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

Lobar Pneumonia Right Date of onset 10 days  
Other contributory causes of importance: Oldy states

Name of operation No Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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 Wegener's Disease, M. D.  
(Signed) W. H. Hestlebach  
(Address) St. Joseph Mo.

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.

WHITE PLAINLY, WITH OBTAINING INFORMATION IS A FAVORABLE RECORD

11  
6  
1

1 X12004

STATEMENT BY LICENSED EMBALMER

I, John Roy Stacey, Licensed Embalmer No. 2435  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

and Raymond Stroof, Registered Apprentice No. 166  
working under my personal supervision.

Signed John Roy Stacey  
Licensed Embalmer No. 2435

**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.)**