

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

3820
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township North Primary Registration District No. 20 Registered No. 173
 (c) City Manchester (d) Street No. Manchester Hurring Home 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. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CHARLES HAMPTON LEE
 (a) Residence, No. 4 West Glendale Rd St. Webster Groves
 (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) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Laura Ball Lee
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1862
 7. AGE YEARS 77 MONTHS - DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railway clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 10. Date deceased last worked at this occupation (month and year) Jan 19 32 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER
 13. NAME Thomas Lee

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

MOTHER
 15. MAIDEN NAME Catherine Elder

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

17. INFORMANT (ADDRESS) Mrs Howard Lee 4 West Glendale Road

18. BURIAL, CREMATION, OR ~~DISPOSAL~~ PLACE Valhalla crematory DATE Jan 30 1939

19. FUNERAL DIRECTOR (ADDRESS) Parker Funeral Co Webster Groves

20. FILED JAN 30 1939 W. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28-1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan - 1st, 1939, to Jan - 28 -, 1939. I last saw him alive on Jan - 27th, 1939. Death is said to have occurred on the date stated above, at 9 a m.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 1-24-39
107W
 Other contributory causes of importance: Senility, Myocardial Weakness

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) Arthur W. Westcott, M. D.
 (Address) Webster Groves 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.

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STATEMENT BY LICENSED EMBALMER

I, W. C. Aldrich, Licensed Embalmer No. 1332

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 W. C. Aldrich

Licensed Embalmer No. 1332

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.)