

1130 MAR 13 1939

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

4977  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) <sup>or</sup> City **St. Louis, Mo.** (d) Street No. **St. Mary's Infirmary- 1536 Papin** St. **1670**  
(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 **Charles Edward Lemee**

(a) Residence, No. **227 Armstrong** St. **22** (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 **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Minor**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 9, 1938**  
7. AGE YEARS **1** MONTHS **1** DAYS **9** IF LESS than 1 day, ..... hrs. or ..... min.

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) **City** (STATE OR COUNTRY) **0**

13. NAME **Charles** **Lemee** **9**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **1**

15. MAIDEN NAME **Pearlie Mae Eskew**

16. BIRTHPLACE (CITY OR TOWN) **Tennessee** (STATE OR COUNTRY)

17. INFORMANT **Charles Lemee** (ADDRESS) **227 Armstrong**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washing to Park** DATE **2-23** 19**39**

19. FUNERAL DIRECTOR (NAME) **W. H. Chaschka** (ADDRESS) **2625 Glasgow**

20. FILED **FEB 21 1939** **J. B. Beckwith** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 18, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **January 18, 1939, to February 18, 1939**  
I last saw him alive on **February 18, 1939**. Death is said to have occurred on the date stated above, at **5:45a.m.**  
The principal cause of death and related causes of importance were as follows:

**Lobar Pneumonia of Rt Lower Lobe**  
**108**  
Other contributory causes of importance: **Stitis Media Suppurativa**  
Date of onset

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Autopsy** 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? .....  
If so, specify .....  
(Signed) **J. B. Beckwith**, M. D.  
(Address) **1536 Papin St**

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.

*Eskew*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ME  
....., Registered Apprentice No. 2928  
working under my personal supervision.

Signed Chas. Richardson  
Licensed Embalmer No. 2928  
P. O. Address 2625 Glasgow

**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.)**

**If this body is not embalmed, above space should be left blank.**