

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.

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

5150
 Do not use this space.

REC'D MAR 13 1939

1843

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis (d) Street No. St. Lukes 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 JULIAN WILLIAM GEE.

(a) Residence, No. 7220 Pershing, Ave. St. NR University City 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 Male 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) March 20th 1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
	5	11	4	

OCCUPATION

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) Chicago, (STATE OR COUNTRY) Ill.

FATHER

13. NAME Julian Wesley Gee.
 14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Canada.

MOTHER

15. MAIDEN NAME Camille Fessenden
 16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Minn.

17. INFORMANT Mr. Julian W. Gee. (ADDRESS) 7220 Pershing,

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mausoleum DATE Feb. 27th 1939

19. FUNERAL DIRECTOR (NAME) C.R. Lupton & Sons. (ADDRESS) 7233 Delmar, Blvd. University City,

20. FILED 27 1939 J. B. Braddock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24th 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-14 1939 to 2-24 1939
 I last saw him alive on 2-24 1939. Death is said to have occurred on the date stated above, at 5407th.
 The principal cause of death and related causes of importance were as follows:
Pneumonia (R. lower lobe.)
Hobar Hemo. Strep
1.08
 Other contributory causes of importance:
Meningitis (Hemo. Strep)
non epidemic

Date of onset 2-21-39

Name of operation Date of
 What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 Yes
 (Signed) Dr. Robert A. ... (Address) 3726 Washington Ave.

FEB 27 1939

(Licensed Embalmer's Statement on Reverse Side)

Dr. LeRoy Robertson
3720 Washington,
JE 2390
9-12 A.M.

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.....

Bradford A. Miles

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *St Louis Mo*

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.