

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D NOV 13 1939 791
1003

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34072
State File No. _____
Registrar's No. 8610

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution:
4272 Sacramento Ave
(d) Length of stay: In hospital or institution None
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 4272 Sacramento Avenue
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lee Charles Fogg, Jr.
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 13 1920
(Month) (Day) (Year)

8. AGE: Years 19 Months 8 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None
12. Name Lee Charles Fogg
13. Birthplace Denver Colo.
14. Maiden name Lily Beemann
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lee C Fogg
(b) Address 4272 Sacramento Avenue

17. (a) Burial (b) Date thereof Oct 9 '39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Thayer - Tom - Fisher
(b) Address 3402 No. Kingshighway

19. (a) OCT 9 1939 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 6th
year 1939 hour 11 minute 55 a M.
21. I hereby certify that I attended the deceased from Sept 30
1939 to Oct 6 1939
that I last saw him alive on Oct 5 1939
and that death occurred on the date and hour stated above.

Immediate cause of death broncho pneumonia
Duration 1 wk.

Due to 107a
Due to _____
Other conditions microcephalic idiot
(Include pregnancy within months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. P. Wilson (M. D. or other) M.D.
Address 4362 W. Name Date signed 10/7/39

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.....

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

working under my personal supervision.

Signed.....

Gary W. Wilkinson

Licensed Embalmer No.....

3575

P. O. Address.....

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.