

WRITE PLAINLY—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.

Registration District No. 791 1000 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G. Phillips Hosp.
(d) Length of stay: In hospital or institution 8 days
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3941a Finney
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Edward Lee
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 24
year 1939 hour 6:55 minute _____ P. M.

4. Sex MALE 5. Color or race COL.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARION LEE
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased MAY 1st 1888

21. I hereby certify that I attended the deceased from 10-17- 1939 to 10-24- 1939, and that death occurred on the date and hour stated above.
Immediate cause of death Hypertensive Heart Disease
Duration 2 yrs.

8. AGE: Years 51 Months 5 Days 23
If less than one day _____ hr. _____ min.

Due to Cerebral Hemorrhage, Lt.
Due to _____

9. Birthplaces SOMMERSVILLE TENN.

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation ELEVATOR OPERATOR

11. Industry or business St. FRANCIS HOTEL

12. Name JOHN LEE
13. Birthplace UNKNOWN

14. Maiden name VICTORIA LEE
15. Birthplace SUMMERSVILLE TENN.

16. (a) Informant's own signature Marion Lee
(b) Address 3941a Finney

17. (a) BURIAL (b) Date thereof 40-27-39
(c) Place: burial or cremation WASHINGTON PARK

18. (a) Signature of funeral director LOYE UND. CO.
(b) Address 3103 WASHINGTON BLVD.

19. (a) OCT 27 1939 (b) J. F. [Signature]

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? _____
(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 W. C. [Signature] (M. D. or other) _____
Address 2601 N. Whittier Date signed 10-25-1939

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 Arthur L. Hilliard

Licensed Embalmer No. 3389

P. O. Address 3028 Dickson

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.