OCT 9 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37175

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1770

REC'D NOV 9 1939

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Flora Nursing Home 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mos. (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 2625 Oakview
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME Edna Gertrude Lee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

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 May (Month) 30 (Day) 1885 (Year)

8. AGE: Years 54 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Wm L. Lee
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Sadie Orcutt
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature W S Lee
(b) Address 1323 Meyer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-39 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar

19. (a) OCT 9 1939 (Date received by local registrar) (b) J. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8 year 1939 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 14 1939 to October 8 1939, that I last saw her alive on October 7 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ascending Spinal Paralysis	2 yrs
Due to Don't Know	
Due to S/A	
Other conditions Myocarditis (Include pregnancy within 3 months of death)	6 mo

Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. R. Meyer M.D. (M. D. or other)
Address 1401 No. Taylor Date signed 10-9-39

(Licensed Embalmer's Statement on Reverse Side)

WHITE PAPER—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.

I X19511

Dr. C. S. Stengel
462 N. Taylor
JE-2110
12.30 — 2 PM

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6176 Delmar

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.