DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17147

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4625

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4768 Highland Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4768 Highland Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John W. Lee

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 Married

6. (b) Name of husband or wife Harriet Lee

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Nov. (Month) 3 (Day) 1883 (Year)

8. AGE: Years 56 Months 6 Days 22 If less than one day hr. min.

9. Birthplace Thomisville (City, town, or county) Ga. (State or foreign country) 1

10. Usual occupation Shipping clerk

11. Industry or business Retired

FATHER
12. Name John W. Lee 1
13. Birthplace (City, town, or county) Ga. (State or foreign country)

MOTHER
14. Maiden name Hannah
15. Birthplace (City, town, or county) Ga. (State or foreign country) 1

16. (a) Informant's own signature Harriet Lee
(b) Address 4768 Highland Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-27-40 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) MAY 27 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1940 hour 5 minute A M.

21. I hereby certify that I attended the deceased from May 18, 1940, to May 25, 1940; that I last saw him alive on May 25, 1940, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death [illegible]	
Due to Lung cal [illegible] (SEVERE COLD)	
Due to [illegible] Cough (SEVERE COUGH)	
Other conditions Tachycardia (Include pregnancy within 3 months of death) (TACHYCARDIA.)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

106 a

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 [signature] (M. D. or other)
Address 2809 N. Kingshighway Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

PLACE A PENCIL OR PEN HERE AND UNREADING BLACK INK—MAKE A PERMANENT RECORD

X19811

2801 N. Kingshighway
1-28-7-8 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 A. R. Thompson, Registered Apprentice No. 248 working under my personal supervision.

Signed R. M. Sanford

Licensed Embalmer No. 2273

P. O. Address St. Louis

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.