No. 2
1-10-39
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21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ED AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23306

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5751

1. PLACE OF DEATH: Homer Phillips Hospital

(a) County
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town ST. Louis 25
(If outside city or town limits write "RURAL")
(d) Street No. 1523 Biddle ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Lee Jr. 000

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male | 5. Color or race Negro | 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 (Month) 13 (Day) 1906 (Year)

8. AGE: Years 34 | Months | Days 91 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation

11. Industry or business Coal and Ice 9

FATHER
12. Name James Lee Sr.
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ethel Partlow
15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Ethel Lee Lee
(b) Address 1523 Biddle Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director E. I. Barnes
(b) Address 2829 Washington Ave.

19. (a) JUL 7 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 3 year 1940 hour 5 minute 30 p M.

21. I hereby certify that I attended the deceased from June 20 - 1940 to July 2 40 1940; that I last saw him alive on June 30 40 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Insufficency	2 Mo
Due to: Fatty Degeneration of the	
Due to: heart	6 Mo
Other conditions: Obesity (Include pregnancy within 3 months of death)	3 yrs

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 [signature] (M. D. or other)
Address 1418 Franklin, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

#5

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 Robert H. Powell.

Licensed Embalmer No. 3402

P. O. Address 3100 Franklin

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.