

Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)
In this community 31 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1320 Hogan St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1940 hour 3:10 minute A. M.
21. I hereby certify that I attended the deceased from June 7, 1940 to July 6, 1940;
that I last saw him alive on July 6, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration 3 yrs

Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Edward Lee

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race col 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mamie 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased May 16, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 20
If less than one day hr. _____ min. _____

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

10. Usual occupation Barber

11. Industry or business _____

12. Name Edward Lee

13. Birthplace Unknown Va
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Blackman

15. Birthplace Unknown Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Lee

(b) Address 1320 Hogan St

17. (a) Burial (b) Date thereof July 11 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Beck
(b) Address 3133 Bell Ave

19. (a) JUL 10 1940 (b) J. F. Beck
(Date received by registrar) (Signature)

Major findings: _____
Of autopsy: _____

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? _____

23. Signature Allen (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 E. Hunt

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.