

1940 AUG 25 1940

Registration District No. 91

Primary Registration District No. 1003

Registrar's No.

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:
Homer G Phillips Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
(Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME Maggie Lee 000

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEM 5. Color or race COL 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife JOHN LEE 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 12 27 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 10 If less than one day hr. min.

9. Birthplace: Charleston MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business none

12. Name Lewis 9

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

14. Maiden name Maudie Briggs

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant John Lee
(b) Address 825 S 18 St

17. (a) burial (b) Date thereof 7.17.1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Allen Washburn
(b) Address 3033 Paul St

19. (a) JUL 16 1940 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 825 S 18th 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 13
year 1940 hour 9:13 minute _____ P. M.

21. I hereby certify that I attended the deceased from July 2, 1940, to July 13, 1940
that I last saw her alive on July 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast c Generalized Metastasis (Ribs, Vertebra, Long Bones & Lungs) 4 years
Duration

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 50

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? _____

While at work? _____ (Specify type of place) (e) Manner of injury !

23. Signature E. M. Colwell
Address 2601 N Whittier Date signed _____

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

MOTHER FATHER

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.....

William C. McDowell, Registered Apprentice No.
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address.....

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.