

2  
39  
1402

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7656

FILED OCT 25 1940 MO

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2344 Carr St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community 4 1/2 years, months or days yes (Specify whether)

3. (a) PRINT FULL NAME Isom LEE Jr.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. unknown

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

6. (b) Name of husband or wife Gertrude LEE 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased unk (Month) (Day) (Year)

8. AGE: Years abt 70 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Common Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Isom LEE Sr

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

14. Maiden name Marian Ellis

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

16. (a) Informant Gertrude Wilks

(b) Address 2344 Carr St

17. (a) Burial (b) Date thereof 9-14-40 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director William Bess

(b) Address 3644 Finney Ave

19. (a) SEP 12 1940 (b) J. A. Redbeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town St. Louis Mo 21  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2344 Carr St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th  
year 1940 hour 11:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Cerebral Apoplexy

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations gna

Of autopsy \_\_\_\_\_

Duration

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) Means of injury 5

23. Signature Joseph W. [unclear] (M. D. or other)

Address Deputy Coroner Date signed \_\_\_\_\_

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

**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.....

*Louis V. Atkin*

Licensed Embalmer No.....

*2842*

P. O. Address.....

*3644 Firme*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**