

No. 2
4-13-40
5-17-39
PI X25187

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1719**

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:
St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community. 26 years
years, months or days)

3. (a) PRINT FULL NAME. MR. CHARLES B. LEE

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

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

6. (b) Name of husband or wife. Irene Michael Lee 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. June 28, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 7 25 hr. min.

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

10. Usual occupation. Restaurant Manager

11. Industry or business. Bus Company

12. Name. Benjamin Lee

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

14. Maiden name. Emma Huntemann

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

16. (a) Informant. William Lee

(b) Address. 3851 McRee

17. (a) Burial (b) Date thereof Feb. 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Sumner Burial Park

18. (a) Signature of funeral director. Andrews Funeral Home

(b) Address. 1936 St. Louis Avenue

19. (a) FEB 24 1941 (b) J. T. Bredeock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Belcher Hotel
407 Lucas (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd
year 1941 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov. 1940, to Feb. 22, 1941,
that I last saw him alive on Feb. 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Staphylococic septicaemia

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Heart valve disease

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) NO

(b) Date of occurrence. NO

(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) (Specify means of injury)

23. Signature. Joseph E. Carney (M. D. or other) MD
Address. 5257 Woodlawn Date signed 2-22-41

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

00
17
9

MOTHER FATHER

Dr. J. E. Carney
Frisco Bldg. Ga.
Daily 8 - 12 am
Sun. 10 - 11 am
Sat. NONE

7 P.M.
3014 Longfellow

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.....

Licensed Embalmer No.

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, fact should be so stated above.