No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20014

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4826

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

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:
4167 McPherson Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4167 McPherson
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME Dissa Eleanor Lee

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male / FEMALE

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Andrew

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. (Month) 17 (Day) 1865 (Year)

8. AGE: Years 75 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lafayette Patton
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Sarah Wires
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Eva Crawford
(b) Address 4167 McPherson Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 6/11/41
(c) Place: burial or cremation East Lynn, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) JUN 10 1941 (Date received locally) (b) J. A. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1941 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from 4-26-41, 19..., to 6-9-41, 19...; that I last saw her alive on 6-8-41, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cardiac failure	
Due to chronic myocarditis,	years
Due to senility, arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	
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 0

23. Signature Geo. A. Seib (M. D. or other) M.D.
Address 2323 Lafayette Ave. Date signed 6/10/41

(Licensed Embalmer's Statement on Reverse Side)

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 J. Wm. Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo.

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.