

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town. **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5411 Neosho St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Missouri** (b) County **100**  
(c) City or town **St. Louis** **1714**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5411 Neosho St.,** **9**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Lee Roy English**

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

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

6. (b) Name of husband or wife **Myrtle English** 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **April 6, 1880**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **2** Days **10** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Fulton, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Railroad Switchman**

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

12. Name **Henry C. English**

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

14. Maiden name **Mary Morrison**

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

16. (a) Informant **Myrtle English**

(b) Address **5411 Neosho St.**

17. (a) **Burial** (b) Date thereof **6-19-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Southern Funeral Home**  
(b) Address **6322 S. Grand Bldg.**

19. (a) **JUN 10 1941** (b) **J. T. Bricker**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16th**  
year **1941** hour **7** minute **2** A.M.

21. I hereby certify that I attended the deceased from **about July 15**  
19**41**, to **June 16** 19**41**  
that I last saw him alive on **June 15** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Due to **Chronic Arterio-sclerosis of the heart**

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

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

Major findings: Of operations **None**  
Of autopsy **None**

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 \_\_\_\_\_

23. Signature **C. J. Puckett** (M. D. or other)  
Address **3595 Franklin** Date signed **6-18-41**

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

Dr. C. L. Bucketh  
Grand Facultarian

FR 7747

9-10-11 A.M. - 1 to 3 P.M.

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**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 Frank Ludwig

Licensed Embalmer No. 2004

P. O. Address St. Louis

**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.**