

Registration District No. **1342791**

Primary Registration District 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:
4226 Olivia
(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 **000**
(c) City or town **St Louis** (If outside city or town limits, write "RURAL") **17**
(d) Street No. **4226 Olivia** (If rural, give location) **13-9**
(e) Citizen of _____ country (Yes or No) **Attending Physician**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **13**
year **1941** hour **12** minute **10** 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: **Coronary Occlusion**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: **Pending**
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Lloyd S Lee** (Skinny)

3. (b) If veteran, name war _____ 3. (c) Social Security No. **488-10-5122**

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

6. (b) Name of husband or wife **Margaret Hunt Lee** 6. (c) Age of husband or wife if alive **31** years

7. Birth date of deceased **July 28 1909**
(Month) (Day) (Year)

8. AGE: Years **43** Months **4** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Trenton Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman**

11. Industry or business **Men's Clothing**

12. Name **James A Lee**

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

14. Maiden name **Julia Lowden**

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

16. (a) Informant **Margaret Hunt Lee**
(b) Address **4226 Olivia**

17. (a) **Removal** (b) Date thereof **Dec 16 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Trenton Ill**

18. (a) Signature of funeral director **Beiderwiden Funl Home**
(b) Address **1936 St Louis Ave**

19. (a) **DEC 15 1941** (Date received local registrar) **J. F. Bredeck** (Registrar's signature)

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? _____

23. Signature **Thomas F. Pellmar** (Specify type of place) (Means of injury) **2**
Address **Deputy Coroner** Date signed **12/13/41**

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Julius J. Krupar

Licensed Embalmer No.....

3497

P. O. Address.....

1936 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.