V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 535

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9910

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 74 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Jennings
(If outside city or town limits, write "RURAL")

(d) Street No. 8924 Scotte Ave
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME WILLIAM J. LEE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased November 10, 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 2 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Lee
13. Birthplace / Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Ann Watts
15. Birthplace / Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Grover Lee Sr.
(b) Address RR3 Box 171 Baden Station Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1941 hour 9 minute 30 PM

21. I hereby certify that I attended the deceased from Dec 1st 1941 to Dec 12 1941;
that I last saw him alive on Dec 12 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	1 hour
Due to Carcinoma of Bladder Urinary Bladder	1 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Tumor of bladder found at Cystoscopic Examination
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 C. E. Bmford (M. D. or other) MD
Address 958 Arcade Bldg Date signed 12/13/41

844 (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.....,

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.