

FILED APR 13 1942

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1800 N. Jefferson Ave.
(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

3. (a) PRINT FULL NAME John Hanson 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 Widowed
6. (b) Name of husband or wife Helen Lee 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 10 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Metal Polisher

11. Industry or business Retired

MOTHER, FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. Robbie
(b) Address 3900 McDonald St.

17. (a) Burial (b) Date thereof 4-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Bldg.

19. (a) MAR 21 1942 J. F. Bredeckt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 20.000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1800 N. Jefferson Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29
year 1942 hour 8 minute 15A M.

21. I hereby certify that I attended the deceased from here 1941 to here 1942
that I last saw him alive on Mar 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis
Due to Grnd Arterio-Sclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

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) _____
(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 Mrs. D. Robbie (M. D. or other) _____
Address 1492 Goddard Date signed 3/29/42

14922 - Hollister, Calif.
1 - 4 p.m.

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 *Albert R. Thompson Jr*

Licensed Embalmer No: *42637*

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.