

FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8858

State File No.

3389

Registration District No. 791

Primary Registration District No. 1002

Registrar's 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:
3222a Hickory St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Ruth Rogers Lee

3. (b) If veteran, name war. --- (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Edgar Lee 6. (c) Age of husband or wife if alive..... years 29

7. Birth date of deceased. December 19th 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 3 20 ..hr.min.

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

10. Usual occupation. Housework

11. Industry or business. At Home

MOTHER FATHER { 12. Name. Tom Rogers

13. Birthplace. Chesterfield Missouri
(City, town, or county) (State or foreign country)

14. Maiden name. Ophelia Wilson

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

16. (a) Informant. Clara McAllister

(b) Address. 3222a Hickory St.

17. (a) Burial (b) Date thereof. 4/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Father Dickson Cem.

18. (a) Signature of funeral director. Clara McAllister

(b) Address. 4107 Finney Ave.

19. (a) J. F. Brudack (b) J. F. Brudack
(Data received local registrar) (Registrar's signature)

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. 3222a Hickory
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1942 hour 4:45 minute P.M. M.

21. I hereby certify that I attended the deceased from March 1st
3-1 1942 to April 9th 1942;
that I last saw her alive on April 9th 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary Tuberculosis Duration 3 mths.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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. J. F. Brudack (M. D. or other)

Address. 3222a N. Jefferson Date signed. 4-13-42

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

STATEMENT BY LICENSED EMBALMER

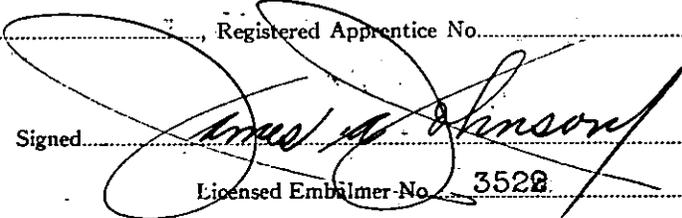
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed.....


.....
Licensed Embalmer No. 3528

P. O. Address..... 4107 Finney Ave

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.