

FILED JUN 2 1942

State File No. 4417  
Registrar's No. 4417

Registration District No. 791

Primary Registration District No. 1003

000  
17  
9

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

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town..... **St. Louis, Mo.**  
(c) Name of hospital or institution:  
**Homer Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **24 days**  
In this community **50 years** (Specify whether years, months or days)

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. **4249a West Finney**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Lee North**  
3. (b) If veteran, name war..... **No** 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **16,**  
year **1942** hour **3** minute **30** P. M.  
21. I hereby certify that I attended the deceased from **April**  
**22,** 19 **42** to **May 16,** 19 **42**  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced. **Married**  
6. (b) Name of husband or wife..... **Juanita North** 6. (c) Age of husband or wife if alive **46** years  
7. Birth date of deceased. **Sept. 15, 1893**  
(Month) (Day) (Year)

Immediate cause of death **Prob. Ca. of Stomach**  
Duration **Unknown**  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
**48** **8** **1** hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **W. P. A.**

MOTHER FATHER  
12. Name **Unknown**  
13. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Juanita North**  
(b) Address **4249 W. Finney Ave.**

17. (a) **Removal** (b) Date thereof **5/21/42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **S. St. Louis, Ill.**

18. (a) Signature of funeral director **R. M. C. Green**  
(b) Address **20 1942 3517 Laclade Ave.**

19. (a) (Date received local registrar) (b) **J. J. [Signature]** (Registrar's signature)

Major findings:  
Of operations.....  
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?  
While at work? (Specify type of place) (e) Means of injury.....

23. Signature **J. J. [Signature]** (M. D. or other) **0**  
Address **2001 W. [Signature]** Date signed **5/16/42**

**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 *W. M. Chew*.....

Licensed Embalmer No. *1173*.....

P. O. Address *3517 Soledad 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.**