

FILED JUN 15 1942

Registration District No. 184

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town Koenig
(c) Name of hospital or institution ROBERT KOENIG HOSP.
(d) Length of stay: In hospital or institution 601 days
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town ST. LOUIS
(d) Street No. 2815 THOMAS ST.
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME

PRUDENCE LEE

(b) If veteran, name war No

(c) Social Security No. No

4. Sex FEMALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife CLIFTON LEE

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

7. Birth date of deceased 2 - 13 - 07 (Month) (Day) (Year)

8. AGE: Years 35 Months 3 Days 20 If less than one day hr. min.

9. Birthplace BROOK HAVEN 1915 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name HENRY LISK

13. Birthplace ? MISS. (City, town, or county) (State or foreign country)

14. Maiden name LUGLER BRACY

15. Birthplace 1915 (City, town, or county) (State or foreign country)

16. (a) Informant PATIENT

(b) Address

17. (a) Burial (b) Date thereof 6/10/42 (c) Place: burial or cremation GREENWOOD CENT

18. (a) Signature of funeral director

(b) Address JUN 9 - 1942

19. (a) (Date received local registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 3 year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2 1942 to JUNE 3 1942 that I last saw him alive on JUNE 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS 10 yrs?

Due to 13 A1

Other conditions (Include pregnancy within 3 months of death)

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature Address Date signed

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

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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. *2769 J*

P. O. Address *2769 Chouteau*

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.