

FILED DEC 10 1942

Registration District No. **788**

Primary Registration District No. **117**

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

1. PLACE OF DEATH:

(a) County Saint Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
103 Allison Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis

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

(d) Street No. 103 Allison Avenue
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marv Reid Lee

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Marion Lee

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased February 1, 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

52	9	18	hr. -- min.
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9. Birthplace Verona Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name Frank Ledbetter

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

14. Maiden name Lou Unavailable
(City, town, or county) (State or foreign country)

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

16. (a) Informant Marion Lee

(b) Address 103 Allison Avenue

17. (a) Burial (b) Date thereof 11/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) NOV 25 1942 (b) C. G. McQueen
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th
year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11/11 to 11/20
that I last saw him alive on 11/20 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis Duration _____

Due to Chr. rep hite

Due to Chr. Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131

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 C. G. McQueen (M. D. or other) _____

Address 213 E. 1st St. Date signed _____

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.....
Thomas J. Gates....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address. 4107 Finney Avenue

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.