

FILED JAN 19 1943 318

1003

Registration District No. .... Primary Registration District No. ....

## 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: Homes of Phillips  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
 In this community 22 years (Specify whether years, months or days)

## 3. (a) PRINT FULL NAME

Louise Lee

3. (b) If veteran, name war

none

3. (c) Social Security No.

none4. Sex F. 5. Color or race Col 6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife

7. Birth date of deceased Mar 28 1901  
(Month) (Day) (Year)

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

41 9 8 hr. min.9. Birthplace Clarksdale Ark.  
(City, town, or county) (State or foreign country)10. Usual occupation Home work11. Industry or business at home12. Name Ned Love Dr.13. Birthplace Ark.  
(City, town, or county) (State or foreign country)14. Maiden name Mary Davis15. Birthplace Ga.  
(City, town, or county) (State or foreign country)16. (a) Informant Mattie Howard(b) Address E. St. Louis17. (a) E. St. Louis (b) Date there Jan 10 43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation E. St. Louis Ill18. (a) Signature of funeral director J. C. O'Brien(b) Address E. St. Louis Ill19. (a) JAN 8 1943 (b) J. J. Boudreau  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17  
 (c) City or town St. Louis 9 25  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1726 Levee  
 (If rural, give location)  
 (e) Citizen of foreign country? — (Yes or No)  
 If yes, name country —

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th  
year 1943 hour 11 minute 40 P. M.21. I hereby certify that I attended the deceased from November 24, 1942 to January 5, 1943that I last saw her alive on January 5, 1943; and that death occurred on the date and hour stated above.Immediate cause of death Cancer of right breast with Metastases to Ribs Duration 1 yearDue to 50Due to 50Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN 50  
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. R. Mery (M. D. or other) Address 2601 Whittier Date signed 1/6/43

**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

*J. E. Officer*

Licensed Embalmer No. *3518*

P. O. Address. *East Home Rd*

**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.**