

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4563 Loughborough Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 50 Years In St Louis. (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. 4563 Loughborough Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

FRIEDA LEE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased March 22 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 2 24 hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation At Home

11. Industry or business Housewife

12. Name Unknown

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Unknown

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Arthur Lee

(b) Address 4563 Loughborough Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date there of June 19 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Thorold & Son

(b) Address 2906 Graves Ave.

19. (a) JUN 18 1943 (Date received local registrar) J. F. Bredeh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1943 hour 7 45 A.M. M.

21. I hereby certify that I attended the deceased from June 10 1943, to June 16 1943; that last saw him alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 6-14 '43

Due to Chs. cardio-vascular disease 5 yrs +

Other conditions senior's gains - 2-3 yrs
(Include pregnancy within 3 months of death)

Major findings: various ulcers PHYSICIAN 93
Of operations
Of autopsy no
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) Means of injury
3. Signature Albert J. Motz (M. D. or other) 0
Address 2739 No. Grand St. Date signed 6-17-43

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

MOTHER FATHER

84

2739.2
Summit

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

David Van Fossan

Licensed Embalmer No.

4242

P. O. Address

2906 Harris

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.