

S. No. 2  
M-2-40  
4715E  
X33597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30138

State File No. \_\_\_\_\_  
Registrar's No. **8083**

SEP 21 1943  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
(a) County St. Louis Mo.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 27<sup>a</sup> South Channing Ave  
(If not in hospital or institution, write street number or locality)  
(d) Length of stay: in hospital or institution 1  
In this community 55 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 18  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 27<sup>a</sup> South Channing Ave  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Maizie LEE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. WUK

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept day 5th  
year 1943 hour 5 minute 30 A.M.

4. Sex Female 5. Color or race negro  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Louis Lee  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased April 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-7-43 10am to 9-8-43 5:30am  
that I last saw her alive on 9-8-43 and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral hemorrhage  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
55 5 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Nothing known  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)  
10. Usual occupation Domestic

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Antwine Edwards  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura Davis  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Lee  
(b) Address 27<sup>a</sup> So Channing Ave  
17. (a) Burial (b) Date thereof SEP 11 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenwood Amatory  
18. (a) Signature of funeral director W. H. Brown  
(b) Address 3644 Finney Ave  
19. (a) SEP 10 1943 (b) J. J. Budek  
(Date received local registrar) (Registrar's signature)

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. Budek (M. D. or other) \_\_\_\_\_  
Address 2743 Franklin Date signed 9-9-43

**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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

**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.**