S. No. 2
M—2-43
. 5-17-39
-I X35897

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

36603

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

Registration District No. 3343

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 1003

Registrar's No. 10265

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 6 days (Specify whether
In this community Life rs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 711
(If outside city or town limits, write "RURAL")

(d) Street No. 3819 Page
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary 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 1

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

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Dec (Month) 18 (Day) 1915 (Year)

8. AGE:

Years	Months	Days	If less than one day
27	11	1	hr. min.

9. Birthplace Birmingham, Ala. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Maid Work

11. Industry or business Private Homes

FATHER
12. Name Nathrell Bogan
13. Birthplace Okolona, Miss 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name J. B. White
15. Birthplace Okolona, Miss 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. B. Bogan
(b) Address 3819 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director G. W. Bruce
(b) Address 1003 N. Garrison Ave

19. (a) NOV 23 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19, year 1943 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from October 13, 1943 to November 19, 1943; that I last saw her alive on November 19, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	1 week
Due to	
Due to	
Other conditions Schizophrenia (Include pregnancy within 3 months of death)	Unk.

107

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? (City or town) (County) (State)

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

While at work? (e) Means of injury

23. Signature N. J. Erwin (M. ~~D. or other~~)

Address 2601 Whittier Date signed 11/22/43

(Licensed Embalmer's Statement on Reverse Side)

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, ~~under~~ me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clark Young.

Licensed Embalmer No. 3371

P. O. Address St. Louis.

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.