

ED JAN 3 1944 818

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 1020a Whittier
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Granville Lee

(b) If veteran, name war None 3. (c) Social Security No. None
487-12-0879

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased 2-20-1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Carro Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

MOTHER FATHER { 12. Name Robert Lee
13. Birthplace Unknown Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Granville Lee

(b) Address 3597 - Larch Ave

17. (a) BURIAL (b) Date thereof Dec-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Manvel Und. Co.

(b) Address 4059 Finney Ave.

19. (a) DEC 23 1949 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18,
year 1943 hour 12 minute 05 P. M.

21. I hereby certify that I attended the deceased from November 28,
1943, to December 18, 1943
that I last saw h. in alive on December 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Unk.

Due to 12

Due to 12

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature Alvin Moore (M. D. or other)

Address 2601 Whittier Date signed 12/18/43

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

7-20-1957

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address.....

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.