

S. No. 2  
DOM-2-43  
Rev. 5-17-39  
I X3567

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 1 1944 318 STANDARD CERTIFICATE OF DEATH 1003

State File No. 5401  
Registrar's No. 1557

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution Ralston Purina Co. 835 S. 38th. St.  
(d) Length of stay: In hospital or institution 40 years  
In this community 40 years

3. (a) PRINT FULL NAME Robert E. Lee  
(b) If veteran, name war none  
(c) Social Security No. 492-09-2348

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Mrs. Edna May Lee  
(c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Sept. 13 1884

8. AGE: Years 59 Months 3 Days 28

9. Birthplace Texas

10. Usual occupation Supt. of inspectors  
11. Industry or business Ralston Purina Co.

12. Name Unknown  
13. Birthplace Unknown  
14. Maiden name Unknown  
15. Birthplace Unknown

16. (a) Informant Mrs. Edna May Lee  
(b) Address 4007 N. Taylor Ave.

17. (a) Burial (b) Date thereof 2-18-44  
(c) Place: burial or cremation New Bethelham Cem

18. (a) Signature of funeral director Hy. Leidner U. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) FEB 17 1944 J. F. Brodeur  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 006  
(a) State Missouri (b) County 110  
(c) City or town St. Louis 910  
(d) Street No. 4007 N. Taylor Ave.  
(e) Citizen of foreign country? (Yes or No) 0

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 15th  
year 1944 hour 9:00 AM minute M.

21. I hereby certify that I attended the deceased from  
that I last saw him alive on  
and that death occurred on the date and hour stated above.

Immediate cause of death Suffocation following  
avalanche of coal in a coal car  
which he was supervising in  
Due to unloading causing him to be  
pinned in the hoppers at the  
bottom of the coal car at the  
Purina Mills around 9:05 am

Other conditions 2-15-44  
Major findings: 182

Of operations  
Of autopsy 4-0

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident 8914  
(b) Date of occurrence 2-15-44

(c) Where did injury occur? St. Louis Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial

While at work? (Specify type of place)  
Means of injury 3

23. Signature Alvin Perry (M. D. or other)  
Address Dept. of Health  
Date signed 2/17/44

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

*Courner*

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**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 *Walter L. Ponder*.....

Licensed Embalmer No. *3367*.....

P. O. Address *2223 St. Louis Ave*.....

**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.**