S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5866
Registrar's No. 1520

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence; 5807 Clemens Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis 95
(If outside city or town limits, write "RURAL")
(d) Street No. 5807 Clemens Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Grace Way.
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Earl S. Way.
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Aug. (Month) 7th (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	6	7	hr. min.

9. Birthplace Terre Haute, (City, town, or county) Indiana (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name John Gordon Lee.
13. Birthplace Vigo Co. (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Eliza Jackson.
15. Birthplace Vigo Co. (City, town, or county) Indiana (State or foreign country)
16. (a) Informant Mr. E. Way.
(b) Address 5807 Clemens Ave.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 2-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Terre Haute, Indiana
18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd.
19. (a) FEB 16 1944 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 14 day 14th
year 1944 hour 9:50 minute P. M.
21. I hereby certify that I attended the deceased from July, 1942 to Feb 14, 1944
that I last saw her alive on Feb 14, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anemia (Aplastic)	4 yrs
Due to: Arteriosclerosis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	
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 0
23. Signature M. E. Jones (M. D. or other)
Address 4550 Olive St Date signed Feb 15 44

(Licensed Embalmer's Statement on Reverse Side)

Dr.W.E.Jones
Lister Bldg.
Hrs. 2 to 4 P.M.
RO 2866

1520

1520

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis Mo

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.