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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16520

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4391

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Pronounced dead at City Hospital #10
(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:

(a) State St MO (b) County 000 17

(c) City or town St Louis 925
(If outside city or town limits, write "RURAL")

(d) Street No. 1014 N 11 St
(If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME Ted Lee

3. (b) If veteran, name war No

3. (c) Social Security No. —

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased — (Month) — (Day) — (Year)

8. AGE: Years About 53 | Months — | Days — | If less than one day hr. min.

9. Birthplace Glasgow (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Orean Lee
13. Birthplace — (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Nellie
15. Birthplace — (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Ida Lee
(b) Address 1014 N. 11 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 12 (Day) 44 (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director U. R. Beal Lind
(b) Address 2726 Lucas Ave

19. (a) MAY 12 1944 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 5 year 1944 hour 3 minute 05 A.M.

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

Immediate cause of death Fracture of Skull Extradural Hemorrhage of Brain when he was struck by a Natural Bridge Bus operated by
Due to One Bulford Chronister on 12th St about 12 feet North of Franklin ave
Due to Around 11:58 Pm May 4-1944

Duration

Other conditions
(Include pregnancy within 3 months of death)

170 C-8

Major findings:
Of operations
21
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:

(c) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence 5-4-44

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

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

While at work? (e) Means of injury 3

23. Signature Thomas F. Callanan (M. D. or other)
Address Deputy Coroner Date signed 5-12-44

(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, or by.....

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

working under my personal supervision.

Signed G. D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.