

FILED JAN 25 1945 318

1003

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Lae Hosp
(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 mo (b) County St. Louis
(c) City or town St. Louis Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3339 Euclid av
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME

Frank Lee

3. (b) If veteran, name war no 3. (c) Social Security No. 703-07-5899

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased about 1879
(Month) (Day) (Year)

8. AGE: Years ab 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Representative

11. Industry or business Boiler Makers Union

12. Name (Frank) Lee

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name (Frank) Mitchell

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Thelma Lee

(b) Address: 3339 Euclid, Kansas City, Mo

17. (a) Removal (b) Date thereof: JAN 14 1945
(Month) (Day) (Year)

(c) Place: burial or cremation: Mobley mo

18. (a) Signature of funeral director: W. H. Carroll
(b) Address: 4600 Matt Bridge

19. (a) JAN 14 1945 (b) J. F. Bradesh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13 year 1945 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 11 1945 to Jan 13 1945 that I last saw him alive on Jan 13 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Sept cerebral thrombosis
Branch pneumonia

Due to: Hypertension

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) _____ 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: Dr. J. F. Bradesh (M. D. or other) med
Address: 1134 Date signed: 1-13-45

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

2
3
9
7823

W.R.
48
3
8

MAY 2 1945

MAY 29 1945

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 *Alfred J. Boedeken*

Licensed Embalmer No. *2663*

P. O. Address *5934 Alpha*

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.