

FILED FEB 7 1945

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1003

State File No.

Registrar's No.

906

1. PLACE OF DEATH:

(a) County
(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:
St. Louis City Hospital - Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 945 Goodfellow
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) N
If yes, name country

3. (a) PRINT FULL NAME

Ralph Lee

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 499-03-3037

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased August 20, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 5 8 hr. min.

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

10. Usual occupation Leather Worker

11. Industry or business

MOTHER FATHER
12. Name John W. Lee
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mollie J. Chamberlain
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant W. Walter Lee

(b) Address 4252 Maryland

17. (a) Burial (b) Date thereof 1 - 31 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) JAN 29 1945 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th
year 1945 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from 1/27/45
1945, to 1/27/45, 1945
that I last saw him alive on 1/28/45, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration

Due to

Due to 107

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Same

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature W.R. Levy Jr. (M. D. or other)
Address 1515 Lafayette Date signed 1/29/45

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

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. W. Wilkins*
Licensed Embalmer No. 3575

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.