

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1945
FILED MAR 9 1945

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4501
Registrar's No. 1868

Registration District No. 318 Primary Registration District No. 1003

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 8 days
In this community 41 years (Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Naomi Lee
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race Col 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN H LEE 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased MAY 15 1908
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 7 If less than one day hr. min.

9. Birthplace HANSON KY 1
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE

11. Industry or business _____
12. Name CHAS. W. G RADDY
13. Birthplace HANSON KY 1
(City, town, or county) (State or foreign country)
14. Maiden name JUSIE FORD
15. Birthplace CLARKSVILLE, TENN
(City, town, or county) (State or foreign country)

16. (a) Informant John M Lee
(b) Address 8511 Evans ave
17. (a) Removed (b) Date thereof Feb 26 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Madisonville Ky

18. (a) Signature of funeral director J. F. Braddock
(b) Address 2769 Duke Ave
19. (a) FEB 28 1945 (b) J. F. Braddock
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 009
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 21
(d) Street No. 3511 Evans (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 24,
year 1945 hour 4 minute 45 A. M.
21. I hereby certify that I attended the deceased from February 16, 1945 to February 24, 1945;
that I last saw her alive on February 24, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (autopsy) Duration Terminal
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Carcinoma of breast with metastasis to liver. 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) (c) Means of injury _____
23. Signature B. J. Murphy (M. D. or other) _____
Address 260 W. Hunter Date signed 2/26/45

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.....

Licensed Embalmer No. *2698*

P. O. Address *2769 Charlotte*

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.