V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11463

FILED APR 27 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3951

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 2316 S. 12th ST. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 006
(c) City or town ST. LOUIS 123 (If outside city or town limits, write "RURAL")
(d) Street No. 2316 S. 12th ST. 1 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EVELYN ALICE LEE.
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) ~~Single, widowed~~, married, divorced MARRIED
6. (b) Name of husband or wife STANLEY L. LEE.
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased SEPTEMBER (Month) 4 (Day) 1914 (Year)

8. AGE: Years 30 Months 7 Days 6 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation HOUSEKEEPER
11. Industry or business OWN

FATHER
12. Name ALTON LOWRY
13. Birthplace ? (City, town, or county) ? (State or foreign country)

MOTHER
14. Maiden name ADA POOLE
15. Birthplace ? (City, town, or county) ? (State or foreign country)

16. (a) Informant Mr Stanley L. Lee
(b) Address 2316 S. 12th St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 14 45 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Ave.
19. (a) APR 12 1945 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1945 hour 11 minute 30 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.

Duration

Immediate cause of death Ruptured Cerebral Aneurysm
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) No.
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
23. Signature Thomas F. Callaran (M. D. or other)
Address Coroner Date signed 4-12-45

(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 Jos B Vollmer

Licensed Embalmer No. 4014

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.