V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11464

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2867

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:
Residence; 5522 Chamberlain Ave.
(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 Missouri (b) County

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

(d) Street No. 5522 Chamberlain Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Grace King 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 Single

6. (b) Name of husband or wife

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

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

8. AGE: abt Years 78. Months – Days – If less than one day hr. min.

9. Birthplace Green castle, (City, town, or county) Indiana. (State or foreign country)

10. Usual occupation Retired; School Teacher.

11. Industry or business Principia School.

FATHER
12. Name Rev, William J. Lee.
13. Birthplace Pittsburgh, (City, town, or county) Penn., (State or foreign country)

MOTHER
14. Maiden name Abagail Foster.
15. Birthplace Cincinnati, (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant Mrs Rehr.
(b) Address 5522 Chamberlain Ave.,

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 3/30/45. (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) MAR 30 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th year 1945 hour 6:30 minute P. 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 — Duration

Coronary Sclerosis

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 94a

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 Patrick E Taylor 3 (M. D. or other)
Address Dry Co Date signed 3/29/45

(Licensed Embalmer's Statement on Reverse Side)

2867

2867

St. Louis,
City Coroner.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

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.