

Registration District No. **1818**

Primary Registration District No. **1003**

Registrar's No. **3975**

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17
9

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Romer S. Phillips
(If not in hospital or institution, write street number or locality)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

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

(d) Street No. 5800 Arsenal
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Racheen Lee

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race Black

6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased abt 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17 year 1945 hour 8 minutes 30 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation ret

11. Industry or business _____

MOTHER FATHER

12. Name Wm. W. Lee

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

14. Maiden name Wm. W. Lee

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

16. (a) Informant Thomas C. Callanan

(b) Address 300 Clark

17. (a) Anatomical Board (b) Date thereof 6-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. K. ...

(b) Address 500 ...

19. (a) MAY (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

Immediate cause of death
Edema Brain
Cardiac Hypertrophy

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)
None

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? _____

While at work? _____ (Specify type of place) _____
Means of injury? _____

23. Signature Alfred Perry (M. D. or other) _____
Address 500 ... Date signed 4/6/45

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.....

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.