. S. No. 2
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 29 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31488

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2293

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community See above years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999
(c) City or town East St. Louis 11 (If outside city or town limits, write "RURAL")
(d) Street No. 511 North 39th 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME MUCKEY, Lee

3. (b) If veteran, name war World I

3. (c) Social Security No. 331-16-5401

4. Sex Male 0

5. Color or race White

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married /

6. (b) Name of husband or wife Eula Muckey

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December (Month) 12, (Day) 1896 (Year)

8. AGE: Years 48 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Rockwell (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Liquor Business

11. Industry or business --

FATHER
12. Name Lorenzo Muckey
13. Birthplace (City, town, or county) Minnesota / (State or foreign country)

MOTHER
14. Maiden name Mary Major
15. Birthplace (City, town, or county) Iowa / (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Fac.,
(b) Address Jefferson Barracks, Missouri

17. (a) E ST. LOUIS (Burial, cremation, or removal) (b) Date thereof 9 28 45 (Month) (Day) (Year)
(c) Place: burial or cremation E St Louis Ill

18. (a) Signature of funeral director Robins Funeral Home
(b) Address E. St Louis Ill

19. (a) 9-28-45 (Date received local registrar) (b) E G McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 27 year 1945 hour 9:37 minute A. M.

21. I hereby certify that I attended the deceased from September 12, 1945 to September 27, 1945; that I last saw him alive on September 27, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CANCER OF TRANSVERSE AND DESCENDING COLON WITH METASTASIS TO THE LIVER.	Unknown
Due to -- 46	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No 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) No
(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 E. V. EDWARDS, Lt. Col., (M. D. or other) M.C., Clinical Director.
Address Vet. Adm. Fac., Jeff. Brks., Mo. Date signed 9/27/45

707 (Licensed Embalmer's Statement on Reverse Side)

OCT 10 1945

1045-10-1 [illegible]

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben H Baldwin

Licensed Embalmer No. 02-4128

P. O. Address East St Louis Ills

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.