

FILED JAN 21 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 173

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:  
2508 N Jeffersmead  
 (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 Mo (b) County 000  
 (c) City or town St Louis 2017  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2508 N Jeffersmead 9  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No) 0  
 If yes, name country.....

3. (a) PRINT FULL NAME ARTHUR J. LEE

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

4. Sex Male 5. Color or race Cal 6. (a) Single, widowed, married, divorced..... 0

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

7. Birth date of deceased..... April 24 1915  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 8 11 hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Wallie Lee

13. Birthplace Leahat Kany Miss (City, town, or county) (State or foreign country)

14. Maiden name Lela Patel

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

16. (a) Informant Lela Lee

(b) Address 2508 N Jeffersmead

17. (a) Burial (b) Date thereof 7-7-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Q.D. Richardson

(b) Address 2125 Glasgow

19. (a) JAN 7 1946 (b) J. P. ...  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 5  
 year 46 hour 12:30 minute AM

21. I hereby certify that I attended the deceased from Dec 3 1946 to Dec 5 1946  
 that I last saw him alive on Dec 5 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Pneumococcus

Due to.....

Due to.....

Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations no

Of autopsy no

Duration

3 day

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) (r) Means of injury.....

23. Signature L. B. Vincent (M. D. or other) 0

Address 2336 Market Date signed 1-5-46

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

MOTHER FATHER

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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.....

*GA Richardson*

Licensed Embalmer No.....

*2928*

P. O. Address.....

*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.**