

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 56 days  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Henry Lee

3. (b) If veteran, name war No

3. (c) Social Security No. 709-01-5635

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Mattie Lee

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased JUN 28 1892  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 14  
If less than one day

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

10. Usual occupation SAT CLEANER

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Monroe Lee

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

14. Maiden name Mattie Ross

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

16. (a) Informant Mattie Lee

(b) Address 4239 W. Belle

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof Apr 18, 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director English Und. Co

(b) Address 2931 Duquesne Ave

19. (a) APR 15 1946  
(Date received local registrar)

(b) J. F. Bredeck  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4249 W Belle  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1946 hour 12 minute 55 P M.

21. I hereby certify that I attended the deceased from Feb. 16, 1946, to April 12, 1946  
that I last saw him alive on April 12, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Psychosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy No

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)

(e) Means of injury 0

23. Signature H. J. Emmer (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed 4/15/46

Duration Unk

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

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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 *Burleson English*.....

Licensed Embalmer No. *4208*.....

P. O. Address. *2931 Lucas Ave*.....

**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.**