

S. No. 2
1-1/47
5-17-39

FILED SEP 23 1947
Registration District No. **1**

Primary Registration District No. **6676**

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

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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 months - 1 day**
(Specify whether years, months or days)

In this community **3 years**

3. (a) PRINT FULL NAME **LEE, Odia**

3. (b) If veteran, name war **WW-2**

3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **Negro**

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

6. (b) Name of husband or wife **Mrs. Daisy Lee**

6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased **March 4 1920**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
27	6	13br.....min.

9. Birthplace **Fordyce Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Railroad Worker**

11. Industry or business **Railroad**

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Registrar**

(b) Address **Vets. Admn. Hosp., Jeff. Bks., Mo.**

17. (a) **Burial** (b) Date thereof **9/19/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clarendon, Ark.**

18. (a) Signature of funeral director **Gates Funeral Home**

(b) Address **4107 Finney, St. Louis, Mo.**

19. (a) **9-19-47** (b) **Geuley Sharp**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **999**

(c) City or town **East St. Louis**
(If outside city or town limits, write "RURAL") **11**

(d) Street No. **101 North 10th Street**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) **2**

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **17th**
year **1947** hour **7** minute **10** A.M.

21. I hereby certify that I attended the deceased from **June 16** 19**47**, to **Sept. 17** 19**47**;
that I last saw him alive on **Sept. 17** 19**47**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Amebiosis of colon with abdominal abscess.**

Due to.....
Due to..... **129**

Other conditions **Bronchopneumonia**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **abscess**

Of autopsy **Autopsy performed**
See cause of death

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 **L. E. Stillwell** (Means of injury) **C**

23. Signature **L. E. Stillwell** (M. D. **Stillwell**)
Address **Jefferson Barracks, Mo.** Date signed **9/19/47**

Duration.....

PHYSICIAN.....

Underline the cause of which death should be charged statistically.

DEC 23 1948

OCT 7 1947

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.....

Thomas J. Gates

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

working under my personal supervision.

Signed.....



..... Licensed Embalmer No. 4259

..... P. O. Address 4107 7-7

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.