. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 114351

FILED MAY 7 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3919

**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: 4443 Lee Ave.
(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

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

(d) Street No. 4443 Lee Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clara Belle Lee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

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

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug. (Month) 12 (Day) 1873 ~~1869~~ (Year)

8. AGE: Years ~~78~~ 74 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name George Wyand
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Delila Tipton
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Dana Lee
(b) Address 4443 Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) APR 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Apr. day 24
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 2, 1948 to April 24, 1948
that I last saw her alive on April 24, 1948;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | 20 min |
| Due to Hypertension | years |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Arthur Gunlock (M. D. or other) M.D.
Address 2202 University St Date signed 4/26/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

2202 University St.,

(12 to 2)

## 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 Albert R. Thompson Jr

Licensed Embalmer No. 45-37

P. O. Address St. Louis

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.