

Registration District No. _____ Primary Registration District No. _____

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: Ex Route City Hosp
2604 N. 11th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Clara Lee.

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John Arnot Lee 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 8, 1878.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 20 hr. _____ min.

9. Birthplace England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name ? Hanson

13. Birthplace Enlang 4
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Florence Wallace

(b) Address Troy, New York

17. (a) Burial (b) Date thereof July 3/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) JUL 2 1948 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2604 N. 11th. St. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1948 hour 8:35 minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above

Immediate cause of death Coronary Thrombosis 94

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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)

23. Signature Patrick E. Taylor (M.D. or other) 3

Address 1300 Oak Date signed 7-2-48

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Jos. W. Clark*.....

Licensed Embalmer No..... 1661.....

P. O. Address..... 1125 Hodiament Ave.....

(NO EMBALMING)

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.