

FILED JUN 21 1948 318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5384

1. PLACE OF DEATH:

(a) County..... **Saint Louis**
 (b) City or town..... **Saint Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **2904 S. Locust**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **40 Yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Clarence Lee**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Male** 5. Color or race **Colored** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary L. Lee** 6. (c) Age of husband or wife if alive **60** years
 7. Birth date of deceased **February 28 1887**
 (Month) (Day) (Year)

8. AGE: **61** Years Months **3** Days **12** If less than one day hr. min.

9. Birthplace **Unknown Louisiana**
(City, town, or county) (State or foreign country)10. Usual occupation **Retired Police-Officer**

11. Industry or business

12. Name **Green Lee**
 13. Birthplace **Unknown La.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Amanda Lu Walker**
 15. Birthplace **Unknown La.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **(Mrs.) Mary L. Lee**(b) Address **3409 Market Street**17. (a) **Burial** (b) Date thereof **6-15-48**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Washington Park Ceme**18. (a) Signature of funeral director **Peoples Und. Co.**(b) Address **3100 Franklin Avenue**19. (a) **JUN 14 1948** (b) **J. F. Bredaak**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **Saint Louis**
 (c) City or town..... **Saint Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3409 Market Street**
 (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 **10th**
year **1948** hour **12** minute **45** A.M.

21. I hereby certify that I attended the deceased from **January 3**, 19**48**, to **June 10**, 19**48**;
 that I last saw him alive on **June 9**, 19**48**,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive Heart Disease

Duration

64

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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) (e) Means of injury

23. Signature **Franklin L. Loomis** (M.D. or other)
Address **1601 Franklin Ave.** Date signed **6/12/48**

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

John D. Johnson

Licensed Embalmer No. *24184*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.