

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27942
Registrar's No. 7085

FILED AUG 23 1948
Registration District No. 3910

Primary Registration District No. 1003

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:
5710 Chamberlain 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)

3: (a) PRINT FULL NAME James M. Lee
3. (b) If veteran, name war No 3. (c) Social Security No. 548-01-9676

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Lee 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased April 20, 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 22 If less than one day hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Plaster

11. Industry or business

12. Name James H. Lee
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Boldger
15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Lee
(b) Address 3712 Avondale Ave.

17. (a) Burial (b) Date thereof Aug. 14, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 1125 Hodiament Ave.

19. (a) AUG 12 1948 (b) J. F. Bried
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County row
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5710 Chamberlain Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 1948 hour 6.20 minute P.M. M.

21. I hereby certify that I attended the deceased from Mar 3 1948 to Aug 11 1948
that I last saw him alive on Aug 11 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
Chr. Nephritis (Nephros)
Due to Chr. Nephritis (Nephros)
Due to

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

Major findings:
Of operations

Of autopsy

Duration

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?

(Specify type of place)
Where at work? (e) Means of injury
23. Signature J. M. J. Tangan (M. D. or other)
Address 5803 1/2 N. Main St. Date signed Aug 14 1948

Dr. Langan
Plymouth & Goodfellow Ave.,
CA. 0220.

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 Gustav W. Dietele

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

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.