No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27943

Registrar's No. 7747

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: 5923a WABADA 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 (Specify whether days, months or years)

In this community 23 YEARS

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")

(d) Street No. 5923a WABADA 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN Lee

3. (b) If veteran, name war No

3. (c) Social Security No. UNKNOWN

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NORA NORA

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

7. Birth date of deceased AUG (Month) 31 (Day) 1868 (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	0	0	hr. min.

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

10. Usual occupation RETIRED CONDUCTOR

11. Industry or business PUBLIC SERVICE

FATHER
12. Name THOMAS LEE
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name MARY BUCKLEY
15. Birthplace (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant MARGARET BAECHLER

(b) Address 5923A WABADA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 3-1948 (Month) (Day) (Year)

(c) Place: burial or cremation CARONDELET

18. (a) Signature of funeral director Cullen Kelly

(b) Address 4386 LINDELL

19. (a) SEP 3 1948 (Date received local registrar) J. J. Bradach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 31
year 1948 hour 4 PM minute 30 P M.

21. I hereby certify that I attended the deceased from 5/7 1948 to 8/30 1948
that I last saw him alive on 8/30 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Hypertension arterial	6 mo.
Due to: Arterio Sclerosis	yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Parkinsonian Syndrome	yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations N/A
Of autopsy No

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 (M. D. or other)

Address 2322 N. Grand Ave. Date signed 9-14-48

(Licensed Embalmer's Statement on Reverse Side) W. A. McGuire

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 James G. Lammers

Licensed Embalmer No. 4142

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.