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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41618

State File No.

FILED DEC 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10665

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

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: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Yrs. 6Mo. 2 Days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5800 Arsenal St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALBERT LEE.

3. (b) If veteran, name war No.

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 Minnie Nannie Lee

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

7. Birth date of deceased June (Month) 19, (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	5	17	hr. min.

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

10. Usual occupation Doorman

11. Industry or business Congress Hotel

FATHER
12. Name Niece Lee
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Anderson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Nannie Lee
(b) Address 4201 West Belle Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director E. B. Koonce
(b) Address 1221 N. Grand Blvd.

19. (a) DEC 9 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 6th year 1948 hour 9:00 A.M. minute M.

21. I hereby certify that I attended the deceased from June 4, 1946, to December 6, 1948; that I last saw him alive on December 5, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Arterio-sclerosis- Generalized 1946 Plus-

Due to Hyperplastic Arthritis any Years.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 Palmer Romance Bowdish (M. D. or other)

Address City Infirmary Date signed 12/6

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Theodore T Yandell

Licensed Embalmer No. 4243

P. O. Address 14 Raymond St

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.