

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39334

791
10003

File No. 11523

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City St. Louis (No. 13461)

City Hospital

2. FULL NAME

(a) Residence, No. 715 Wilmington 1 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yr8 mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pauline Lee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29-1870</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>3</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>odd jobs man</u>	
	10. Date deceased last worked at this occupation (month and year) <u>11/17/31</u>	
	11. Total time (years) spent in this occupation <u>12</u>	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u> <u>mo.</u>
	13. NAME <u>John Lee</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>
	15. MAIDEN NAME <u>Anna</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>
17. INFORMANT (ADDRESS) <u>Hospital Information</u> <u>City Hospital</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's</u> DATE <u>Nov 19 31</u>	
19. UNDERTAKER (ADDRESS) <u>Bozeman</u> <u>6320</u>	
20. FILED <u>17 1931</u> <u>19</u> <u>St. C. Parker</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 th. 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3rd, 1931, to Nov. 16 th., 1931.

I last saw him alive on Nov. 16 th. 1931. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:
Perforated Gastric Ulcer with Generalized Peritonitis
11/14/31

Other contributory causes of importance:
11/17/31

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Carl H. Hotz, M. D.
(Address) City Hospital

Lee