

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.

DEC 3 1936

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

Do not use this space.

43085

1. PLACE OF DEATH

County ..... Registration District No. 78  
 Township ..... Primary Registration District No. 1000  
 City St. Louis (No. Alexian Brothers Hospital) St. 11660 Ward

2. FULL NAME

James W. Sallee

(a) Residence, No. 3400 So. Grand Blvd. St. 16 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie Sallee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1863.

7. AGE YEARS 72 MONTHS 11 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 yrs.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Co. MO. (STATE OR COUNTRY)

FATHER 13. NAME Oliver G. Sallee

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah J. Teasley

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Mrs. Sadie E. Hall (ADDRESS) Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathews Cem DATE Nov. 25, 1936.

19. UNDERTAKER J. N. Gibbons L. & Co. (ADDRESS) 2842 Lleramee St.

20. FILED NOV 25 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1936.

22. I HEREBY CERTIFY, That I attended deceased from 11/11/36, 1936, to 11/23/36, 1936.  
 I last saw him alive on 11/23/36, 1936. Death is said to have occurred on the date stated above, at 3:05 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Chronic Pulmonary Hypertension  
Hypertension  
131

Other contributory causes of importance: Other diseases

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? No

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) W. H. D. [Signature]  
 (Address) 5914 Delmore

