

FILED SEP 28 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8281

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: Famous--Barr Co. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5022 Ridge Ave
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James E. Dee

3. (b) If veteran, name war

None

3. (c) Social Security No.

None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Grace L. Dee nee Reed 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased March 4, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 6 18 hr. min.

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

10. Usual occupation Printer

11. Industry or business Liberty Printing Co.

MOTHER FATHER

12. Name Edward J. Dee

13. Birthplace Unknown France
(City, town, or county) (State or foreign country)

14. Maiden name Rosella Loper

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace L. Dee

(b) Address 5022 Ridge Ave

17. (a) Burial (b) Date thereof 9/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 24 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22,
year 1945 hour 3:45 PM minute _____ M.

21. I hereby certify that I attended the deceased from 27 1945 to Sept 21 1945
that I last saw him alive on Sept 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 year

Due to _____
Due to _____

Other conditions Chronic Heart 3 years
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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 [Signature] (M. D. or other) [Signature]
Address 3422 Linn Ave Date signed 9/24/45

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

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. Dietel*
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.