

REC'D MAY 10 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791  
1003

13390

Do not use this space.

3994

Registered No.

## 1. PLACE OF DEATH

- (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis ..... (d) Street No. BARNES HERITAGE ..... St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sallie Lewis 200

- (a) Residence, No. 5200 Waterman ..... St. 12 .....  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. Perry Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 6 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
68. 3. 21.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo.FATHER 13. NAME Wm Turner14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Mo.MOTHER 15. MAIDEN NAME Lucy Sebree16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.17. INFORMANT (ADDRESS) J. D. Perry Lewis  
#5200 Waterman18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE April 30th 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Supton + Sons  
#4449 Olive Street20. FILED APR 29 1938 J. F. Budick  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 27 193822. I HEREBY CERTIFY, That I attended deceased from 4 - 12, 1938, to 4 - 27, 1938I last saw her alive on 4 - 27, 1938 Death is said to have occurred on the date stated above, at 11<sup>00</sup> a.m.

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

Carcinoma uterine Date of onset Dec '37  
Hypertensive Cardio-vascular disease 1937

Other contributory causes of importance:

Cerebral Thrombosis Feb '38  
Broncho-pneumonia Apr '38

Name of operation Biopsy Date of Feb '38What test confirmed diagnosis? Biopsy Was there an autopsy? yes23. 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? no

If so, specify .....

(Signed) T. P. Bradley ..... M. D.(Address) BARNES HOSPITAL

**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, .....

*P. H. Gurney*

or by *F*

Registered Apprentice No. *# 4011*, working under my personal supervision.

Signed *P. H. Gurney*

Licensed Embalmer No. *# 4011*

P. O. Address *# 4449 Olive 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, above space should be left blank.**