

RECD NOV 16 1938

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

34195
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **Mo. Baptist Hospital.** Registered No. **9181**
(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 **Marie Lewis**

(a) Residence, No. **6331 Ridge Ave.** St. **NR Wellston, Mo.**
(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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William F. Lewis**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Don't Know**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
About 75

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as saw mill, bank, etc.
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) **Germany**

FATHER
13. NAME **Don't Know**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER
15. MAIDEN NAME **Don't Know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Mrs. Emma Hurdlebring 7376 Liberty Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **URBANA, ILL.** DATE **Oct. 24/38.**

19. FUNERAL DIRECTOR (ADDRESS) **Jos. W. Clark II25 Hodiament Ave.**

20. FILED **OCT 23 1938** **J. J. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 21/38.**

22. I HEREBY CERTIFY, That I attended deceased from **9-1-** 19**38** to **10/21** 19**38**.
I last saw h. **ST** alive on **10/21** 19**38**. Death is said to have occurred on the date stated above, at **1.30 A.M.**

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

Arterio Sclerosis Sen

Date of onset

Other contributory causes of importance:

Senility

Name of operator 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) **R. H. Hurdlebring**, M. D.
(Address) **Chase Bldg**

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.

Dr. O.H. Campbell,
3746 Grandel Sq.,

IO.00 A.M.

Jefferson 4794.

R.R. Anderson
4932 Maryland

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Jos. W. Clark.

Licensed Embalmer No. I66I.

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.)