

1938 DEC 9 1938 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

40341
 Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 200 Registered No. 1950
 (c) City Maryland Heights (d) Street No. _____
 (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 Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Sarah Lewis
 (a) Residence, No. _____ St.
 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as a lawyer, 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) Unavailable 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creve Coeur Missouri

FATHER
 13. NAME Warner Lewis
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri

MOTHER
 15. MAIDEN NAME Annie Shobe
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri

17. INFORMANT (ADDRESS) Stanton Lewis Maryland Heights, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Music DATE Dec. 1 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED NOV 23 1938 W.C. Meyer, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 1938 to November 26 1938
 I last saw her alive on November 25 1938 Death is said to have occurred on the date stated above, at 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
 Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) J.B. Denny, M. D.
 (Address) Creve Coeur, Missouri

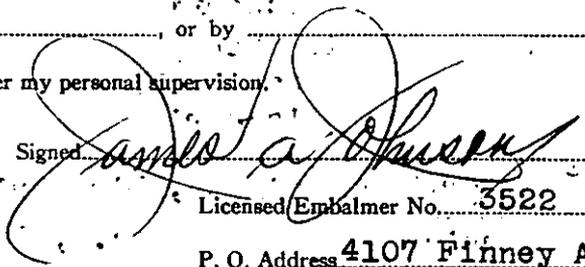
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 James A. Johnson, _____

Registered Apprentice No. _____, working under my personal supervision.

Signed 

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.