

JUL 12 1939

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

791  
1008

20183  
Do not use this space.  
5027

1. PLACE OF DEATH

(a) County ..... 1 ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City or St. Louis, Mo. (d) Street No. 1536 Papin Street St. Mary's Infirmary 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

Alice Lewis  
(a) Residence, No. 1416 a North 11th St. 25 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
53 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundress  
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) Illinois 1

13. NAME George Bishop 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 1  
Unknown 1

15. MAIDEN NAME Lettie Kimbell

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

17. INFORMANT Mamie Cothron  
(ADDRESS) 2620 Glasgow

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE June 4 1939

19. FUNERAL DIRECTOR (NAME) Russell Undt. Co.  
(ADDRESS) 2732 Pine Street

20. FILE JUN 3 1939 J. D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 19 39

22. I HEREBY CERTIFY, That I attended deceased from May 29 19 39 to May 31 19 39

I last saw her alive on May 31 19 39 Death is said to have occurred on the date stated above, at 12:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Lytic Heart Disease Date of onset

Other contributory causes of importance:

Chronic Hepatitis

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) J. D. Brubaker M. D.  
(Address) 1536 Papin St. St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FORM 1-1-18605

---

---

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.....

*William C. McDowell*

; Registered Apprentice No.....

working under my personal supervision.

Signed.....

*William C. McDowell*

Licensed Embalmer No.....

*2114*

P. O. Address.....

*3506 Franklin Ave*

**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.**