AUG 11 1939

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

23909
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township 3 Primary Registration District No. ..... Registered No. 6182

(c) City St Louis (d) Street No. Emonte, City Hosp. #1 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 Edith Lewis

(a) Residence, No. 4555 Page St. 11
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

FATHER

13. NAME Wm. Thurmon 1

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

MOTHER

15. MAIDEN NAME Thomas

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

17. INFORMANT (ADDRESS) Tess Thurmon 4555 Page

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE July 14 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cullen Kelly 1416 N. Taylor

20. FILED JUL 13 1939, 19 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11th 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:45 PM

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

	Date of onset
Angina Pectoris; Arteriosclerosis.	

Other contributory causes of importance:

Name of operation ..... Date of ....

What test confirmed diagnosis? ..... Was there an [illegible]y? 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 see above

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph McQueen M.D.

(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

[illegible] IS 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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St Louis

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.