

WRITE FLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11077 DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
DEC 13 1939  
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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37701  
9540

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town Saint Louis, [23]  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2887 Russell Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Charles Lewis  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Nannie Lewis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 27th, 1861.  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Carrollton Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Clerk

11. Industry or business Union Electric Light & Power Co.

MOTHER FATHER  
12. Name Frederick W. Lewis.  
18. Birthplace London England  
(City, town, or county) (State or foreign country)  
14. Maiden name Eliza Turner  
15. Birthplace London England  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. H. Lewis  
(b) Address 3583 Hartford St.

17. (a) Burial (b) Date thereof November 8, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Odd Fellows Cemetery

18. (a) Signature of funeral director Ziegler & Boel.  
(b) Address 2623 Cherokee Street.

19. (a) NOV 8 1939 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5,  
year 1939 hour 12:00 minute \_\_\_\_\_ P. \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from November 1, 1939, to November 5, 1939;  
that I last saw him alive on November 5, 1939,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Encephalomalacia - l. cerebral hemisphere  
thrombosis of left middle cerebral artery  
Due to \_\_\_\_\_  
arteriosclerosis  
Due to \_\_\_\_\_  
Hypertension  
Hypertensive Heart Disease.  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J. Lehman (M. D. or other) MD  
Address 1515 Lafayette, Date signed 11/6/39

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**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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

**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.**