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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 329

FILED FEB 17 1940

Registration District No. 791

Primary Registration District No.

Registrar's No. 329

1. PLACE OF DEATH: 1003 /

(a) County St. Louis, Missouri

(b) City or town (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 15 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Maplewood, Mo. NR (If outside city or town limits, write "RURAL")

(d) Street No. 2286 Yale (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Lewis 2ND

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna

6. (c) Age of ~~husband or~~ wife if alive 72 years

7. Birth date of deceased Feb. 23, 1857 (Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 18 If less than one day hr. min.

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

10. Usual occupation Postal Employee

11. Industry or business Post office

FATHER
12. Name Beuford Lewis
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Brunck
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Lewis

(b) Address 2286 Yale, Maplewood, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/40 (Month) (Day) (Year)

(c) Place: burial or cremation Lone Dell, Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JAN 12 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11, year 1940 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from December 27, 1939 to January 11, 1940 that I last saw him alive on January 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis — Duration years
Arteriosclerosis — years
Hypertension — years

Due to

Due to

Other conditions Senile Psychosis — 1 year
(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Ford (M. D. or other)

Address 1515 Lafayette, Date signed 1/11/40

(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.

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.....Thomas Eymb

Licensed Embalmer No.....1284

P. O. Address.....St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.