S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5041

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1871

1. PLACE OF DEATH:

(a) County 3

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME Lewis Rogers Cates

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife No Known

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

7. Birth date of deceased Not Known (Month) (Day) (Year)

8. AGE: Years About 54 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Mississippi (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Mildred Jones
(b) Address 3152 Sherdian Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 24th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cemetery

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.

19. (a) FEB 24 1940 (Date received by local registrar) (b) J. F. Budich (Registrar's signature)

22. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town St. Louis, Mo. 21
(If outside city or town limits write "RURAL")

(d) Street No. 913 North Compton Street
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th year 1940 hour 12:20 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to (a) Chronic Myocarditis	
Due to Chronic Nephritis	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or [redacted])
Address Date sign[redacted] 40

(Licensed Embalmer's Statement on Reverse Side)

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 Wm C. McDowell

Licensed Embalmer No. 2114

P. O. Address _____

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.