

S. No. 2
11-10-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13522

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3724

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Harold Lewis 2nd

8. (b) If veteran, name war World War 8. (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 Florence 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased June 24 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 9 29 hr. min.

9. Birthplace Buffalo New York
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic 1

11. Industry or business _____

12. Name J. C. Lewis 19

13. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Burkhardt 1

15. Birthplace Unknown 1
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Lewis

(b) Address Berger, Missouri.

17. (a) Removal (b) Date thereof 4-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berger, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4708 Berger, Mo. Washington Ave

19. (a) APR 24 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Berger NR
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd
year 1940 hour 12 minute 55 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Extra dual Hemorrhage
Hemorrhagic scalp laceration
Temporal Region
Temp place laceration
Paramev could not be
ascertained

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations gza
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) Open Wound

(b) Date of occurrence unknown

(c) Where did injury occur? unknown
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? unknown

While at work _____ (Specify type of place)

23. Signature W. J. Perry (M. D. or other) 5

Address Berger, Mo. Date signed 4-24-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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

Albert G. Kapp

Licensed Embalmer No. 2971

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.