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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16651

State File No.

4129

Registration District No. 791

Primary Registration District No. 1003

Registrar's 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 3 Days
(Specify whether
In this community 23 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2355 S. 11th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME Mansfield Lewis 207

3. (b) If veteran, name war No 3. (c) Social Security No. 494-05-4295

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Oct. 55, 1876
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 2 If less than one day hr. _____ min. _____

9. Birthplace St. James, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Receiving Clerk
Bakery

11. Industry or business _____

12. Name Robert Lewis D
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Wycoll
15. Birthplace St. James, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mansfield Lewis

(b) Address 2355 S. 11th St.
Burial (b) Date thereof 5/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director W.M. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) MAY 8 1940 (b) J. B. ...
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7, year 1940 hour 5:20 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from May 5, 1940 to May 7, 1940; that I last saw him alive on May 7, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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) (d) Means of injury _____
23. Signature Robert B. ... (M. D. or other) _____
Address 1515 Lafayette Date signed 5/8/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

78782

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 L.R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.