

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

23765

6210

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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 3045 MADISON ST. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 27 yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3045 MADISON ST.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME EDWARD LEWIS 300
 (b) If veteran, name war NO
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 23
 year 1940 hour _____ minute 40 P.M.
 21. I hereby certify that I attended the deceased from 11/4
 1939 to 7/23 1940
 that I last saw him alive on 7/23 1940
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race negro
 6. (a) Single, widowed, married, divorced, MARRIED
 6. (b) Name of husband or wife Rosie Lee Lewis
 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased MAY 14 1896
 (Month) (Day) (Year)

Immediate cause of death Pulmonary P. B. Duration 8 mo
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

8. AGE: Years 54 Months 2 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer
 City of St. Louis

11. Industry or business _____

12. Name ALBERT LEWIS
 13. Birthplace ALA.
 (City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature MARY LEWIS SIMMONS
 (b) Address 3045 MADISON

17. (a) TO MAVAL (b) Date thereof 5-27-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery, ALA.

18. (a) Signature of funeral director Peoples BURIAL League
 (b) Address 3100 FRANKLIN AVE

19. (a) JUL 25 1940 (b) J. F. Brebeck
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (d) 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. F. Brebeck (M. D. or other) _____
 Address 11 N. Jefferson Ave Date signed _____

OCT 22 1946

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.....

Robert H. Powell

Licensed Embalmer No.....

3402

P. O. Address.....

3100 Franklin

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.