

FILED AUG 5 1940

1. PLACE OF DEATH:

St. Louis

(a) County

Clayton

(b) City or town

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

St. Louis County Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

19 1/2 hours

(Specify whether

In this community

Life

years, months or days)

8. (a) PRINT FULL NAME

James Lewis

8. (b) If veteran, name war

None

8. (c) Social Security No.

None

4. Sex

Male

5. Color or race

colored

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

Married

6. (b) Name of husband or wife

Sarah Lewis

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

years

7. Birth date of deceased

Jan

1

1863

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

77

0

10

hr. min.

9. Birthplace

St. Louis County, Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

Unemployed

12. Name

Warner Lewis

13. Birthplace

Unknown

Mo.

14. Maiden name

And Bones

(State or foreign country)

15. Birthplace

Unknown

Mo.

16. (a) Informant

William Lewis

(b) Address

2614 Dayton Street

17. (a)

Burial

(b) Date thereof

7/14/1940

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Musick

18. (a) Signature of funeral director

Chas. G. Gates

(b) Address

4107 Finney Avenue

19. (a)

JUL 14 1940

(Registrar's signature)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(b) State

Mo.

(b) County

St. Louis

(c) City or town

Kinloch

(If outside city or town limits, write "RURAL")

(d) Street No.

Old Folks Home

(If rural, give location)

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

years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

July

day 11

year 1940

hour 7

minute :00 A.M.

21. I hereby certify that I attended the deceased from

7-10-40

19 to 7-11-40, 19

that I last saw him alive on 7-11-40, 19 and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia
Pulmonary edema

Duration

Few days

Due to Hypertension Cardiovascular

depression = nephritic - decompensated

Several years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Pulmonary edema, dilated + hypertrophied heart, renal congestion

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?

707

(While at work?)

(Specify type of place)

(e) Means of injury

23. Signature

Walter A. Spitz

(M. D. or other)

Address

St. Louis County Hosp

Date signed 7/12/40

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

226

STATEMENT BY LICENSED EMBALMER

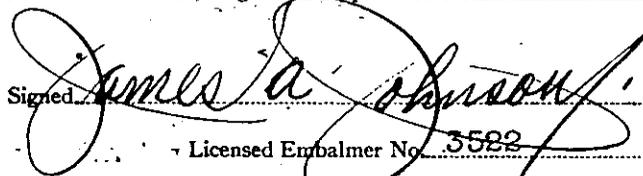
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

James A. Johnson

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____



Licensed Embalmer No. 5522

P. O. Address 4107 Finney Avenue

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.