

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41170
10941

Registration District No. _____ Primary Registration District No. _____ 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: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days
(Specify whether
In this community Don't know years, months or days) 1

3. (a) PRINT FULL NAME Minnie Lewis
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife DONT KNOW 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased DONT KNOW
(Month) (Day) (Year)

8. AGE 87 Years 90 Months Days If less than one day
DONT KNOW hr. min.

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

10. Usual occupation None

11. Industry or business None

12. Name DONT KNOW

13. Birthplace DONT KNOW
(City, town, or county) (State or foreign country)

14. Maiden name DONT KNOW

15. Birthplace DONT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mae Schneider

(b) Address 1221 North Grand

17. (a) Burial (b) Date thereof 1/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews Cemetery

18. (a) Signature of funeral director Thos J. Suman

(b) Address 15795 Grand Blvd

19. (a) DEC 31 1940 (b) J F W Budeck
(Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town ST LOUIS U
(If outside city or town limits, write "RURAL")
(d) Street No. 1221 N. GRAND
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31,
year 1940 hour 10:05 minute P. M.

21. I hereby certify that I attended the deceased from December 25, 1940, to December 31, 1940;
that I last saw h. er alive on December 31, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism of liver (haemorrhic)
Bleeding haemorrhagic vesicles
typhoid
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 3rd

Major findings: None
Of operations _____
Of autopsy as above

Duration
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? _____

While at work? _____ (Specify type of place) (e) Method of injury _____
23. Signature James P. Murphy (M. D. or other) 1/2/40
Address 6515 Lafayette Ave Date signed _____

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.....

Licensed Embalmer No.....

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, fact should be so stated above.