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

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:  
St. Marys Infirmary  
(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)

3. (a) PRINT FULL NAME Rosie Lewis

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Fem

5. Color or race Col

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased November 19, 1891  
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 25  
If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business At home

12. Name John Moore

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

14. Maiden name Mattie ?

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

16. (a) Informant Vernon Lewis  
(b) Address 1807 1/2 Market Ave.

17. (a) Burial (b) Date thereof 1/19/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director J. N. Bredeck

(b) Address 3517 S. Grand Ave

19. (a) JAN 17 1941 (b) J. N. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town E. St. Louis 2111  
(If outside city or town limits, write "RURAL") 0

(d) Street No. 1807 1/2 Market Ave.  
(If rural, give location) 2

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18  
year 1941 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 15, 1941  
to Jan 18, 1941  
that I last saw her alive on Jan 18, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Appendix with secondary Peritonitis

Due to Influenza

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Perforated Appendix with secondary Peritonitis

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) Means of injury.....

23. Signature John E. Kurbuss (M. D. or other) M.D.

Address 1483 1/2 East Broadway Date signed 1/17/41

Duration  
1-13-41  
1-8-41  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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.....

*P. M. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 Soledad Ave*

**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.**