

No. 2  
-1-4-41  
-1-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 13 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12617  
3047  
Registrar's No.

Registration District No. 791 Primary Registration District No. 1000

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:  
4132 BOTANICAL AVE  
(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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4132 BOTANICAL  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY D. LEWIS  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 497-05-8292

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 6 year 1941 hour 4 minute 32 A. M.  
21. I hereby certify that I attended the deceased from Aug 8-1940 to Apr 6 1941  
that I last saw him alive on April 6 1941  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced, MARRIED  
6. (b) Name of husband or wife AGNES LEWIS  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased OCTOBER 20 1875  
(Month) (Day) (Year)

Immediate cause of death Crown Aneurysm  
Due to Arterio-sclerosis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 65 Months 5 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HENDERSON CTY KY.  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business LIGGETT-MEYER

12. Name JAMES LEWIS

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

14. Maiden name SARAH HAMPTON

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

16. (a) Informant Mrs Agnes Lewis

(b) Address 4132 Botanical Ave

17. (a) BURIAL (b) Date thereof APRIL 8-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director E. J. Schuer

(b) Address 3125 LAFAYETTE AV.

19. (a) APR -7 1941 (b) J. T. Zedrick  
(Date received local registrar) (Registrar's signature)

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 W. Antone Hill (M. D. number) \_\_\_\_\_  
Address 1625 Tower Lane Date signed 4/7/41

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

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..... *Joe B. Holme* .....

Licensed Embalmer No. *4814* .....

P. O. Address *3125 Lafayette 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.**