

FILED JUN 12 1941

Registration District No. 204

Primary Registration District No. 4178

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Private Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community 11 years
years, months or days)

3. (a) PRINT FULL NAME FR BRANSFORD LEWIS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE 5. Color of hair White 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Jennie James Lewis 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Nov 14 - 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 4 If less than one day hr. min.

9. Birthplace St Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Wagon

11. Industry or business 4

12. Name Eduard A. Lewis

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

14. Maiden name Williams

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

16. (a) Informant's own signature Harriet Brechtel

(b) Address Lewis Lodge

17. (a) Burial (b) Date thereof May 21
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontain St Louis

18. (a) Signature of funeral director Adelbert Demelly

(b) Address 3840 Russell St Louis Mo

19. (a) June 9, 1941 (b) H. A. Duckworth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin
and St Louis Mo
(c) City or town St Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 609 Humboldt Bldg
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1941 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from 5/1
1941 to 5/18 1941
that I last saw him alive on 5/18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 180 hr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) spin

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____
While at work (e) Means of injury _____

23. Signature H. A. Duckworth (M. D. or other) _____
Address St Louis Mo Date signed 5/19/41

DEPARTMENT RECORD

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state carefully supplied.

MAR 19 1947

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Luedke

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.