

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4967**

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:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Infant Lewis**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased **June 13th. 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
-- -- **4** hr. min.

9. Birthplace **St. Louis** **MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name **James E. Lewis**

13. Birthplace **St. Louis** **MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **Irene Hill**

15. Birthplace **Maplewood Mo.** **MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **James E. Lewis**

(b) Address **1944 N. Market St.**

17. (a) **Burial** (b) Date thereof **June 17th. 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **Jay B. Smith Funeral Home**

(b) Address **7456 Manchester Maplewood Mo.**

19. (a) **JUN 17 1941** (b) **J. T. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **St. Louis**
(c) City or town **Saint Louis, Mo.** **267**
(If outside city or town limits, write "RURAL")
(d) Street No. **1944 N. Market St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **16**
year **1941** hour **7** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **June 13, 1941** to **June 16, 1941**
that I last saw him alive on **June 16, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemolytic icterus** Duration **2 days**

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) **16/1/41**

Major findings: Of operations **16/1/41**
Of autopsy **16/1/41**

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?.....
(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. T. Gust** (M. D. or dentist)
Address **1901 Madison St** Date signed **6/16/41**

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

06
17
9

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 J. Wm. Buckley
Licensed Embalmer No. 3653
P. O. Address St. Louis, Mo.

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.