2
-41
-39
26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22644

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1236

1. PLACE OF DEATH:

(a) County [illegible]

(b) City or town Creve Couer Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Box 190 - R.R. #3 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County SK

(c) City or town Creve Couer Missouri 0
(If outside city or town limits, write "RURAL")

(d) Street No. Box 190 R.R. #3 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Stanton Lewis

3. (b) If veteran, name war — 3. (c) Social Security No. None

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Oct (Month) 2nd (Day) 1867 (Year)

8. AGE: Years 73 Months 8 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis Co. (City, town, or county) O Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Farm - Hand

FATHER
12. Name William Lewis
13. Birthplace St. Louis Co. (City, town, or county) O Missouri (State or foreign country)

MOTHER
14. Maiden name Annie - Unavailable
15. Birthplace St. Louis Co (City, town, or county) O Missouri (State or foreign country)

16. (a) Informant James Lewis
(b) Address Box 190 R.R. #3 Creve Couer

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16th. 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Music Missouri

18. (a) Signature of funeral director Chas Gale
(b) Address 4107 Finney Ave

19. (a) JUN 13 1941 (Date received local registrar) (b) D. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 1941 hour 2:10 minute P.M. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes

Due to Hypertrophy and dilation of heart; hydrothorax, bilateral;

Due to Ascites; Nephrosclerosis

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

Major findings:
Of operations 13 1 a

Of autopsy Yes

Duration

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? 1 0 1 (Specify type of place)

While at work? ..... (e) Means of injury 3

23. Signature Louis H Bopp Coron (M.D. or other)

Address 131 W. Argonne Ave Date signed 6/12/41

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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, fact should be so stated above.