

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26892

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6684

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: _____
3930 Page 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 8 Yrs. (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mary Goldie Lewis3. (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 Married
 6. (b) Name of husband or wife Mack Lewis 6. (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased Feb. 13, 1906
 (Month) (Day) (Year)

8. AGE: Years 35 Months 5 Days 27 If less than one day hr. _____ min. _____9. Birthplace Kentucky
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Monroe Hodges
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth (Unk)
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mack Lewis
(b) Address 3930 Page Ave.17. (a) Removal (b) Date thereof 8/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis, Ill.18. (a) Signature of funeral director R. M. [Signature]
(b) Address 3517 Laclede Ave.19. (a) AUG 15 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 3930 Page Ave.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1941 hour 6 minute 15 P. M.21. I hereby certify that I attended the deceased from 5/4/40
to 8/6/41 1941that I last saw her alive on 8/5 1941
and that death occurred on the date and hour stated above.Immediate cause of death hypertension Duration _____Due to Hypertension

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy [Signature]

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address 114 [Signature] Date signed 8/10/41

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

A. M. Green

Licensed Embalmer No. 1173

P. O. Address 3517 Sacked Cr

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.