

S.No. 2  
-4-13-40  
7. 5-17-39  
I X23159

Filed **OCT 18 1941**  
Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
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17  
9

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town **St. Louis, Missouri**  
(c) Name of hospital or institution: **St. Louis City Hospital #1**  
(d) Length of stay: In hospital or institution **3 Days**  
In this community **40 years**

3. (a) PRINT FULL NAME **Charles Lewis**  
(b) If veteran, name war **none**  
(c) Social Security No. ....

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **EDNA** 6. (c) Age of husband or wife if alive **48** years  
7. Birth date of deceased **January 27, 1885**

8. AGE: Years Months Days If less than one day  
**56** **7** **13** hr. min.

9. Birthplace **Chanois, Missouri**

10. Usual occupation **truck operator**

11. Industry or business **Self. (Retired 4 years)**

12. Name **John Lewis**  
13. Birthplace **Chamois, Missouri**  
14. Maiden name **Mattie Merch**  
15. Birthplace **Chamois, Missouri**

16. (a) Informant **Eduo Lewis**  
(b) Address **1220a So. Newstead Avenue**

17. (a) **Burial** (b) Date thereof **9-12-41**  
(c) Place: burial or cremation **New St. Marcus Cemetery**

18. (a) Signature of funeral director **A. H. W. Gaudin**  
(b) Address **230 Lafayette Ave**

19. (a) **SEP 11 1941** (b) **J. P. Beck**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County .....  
(c) City or town **St. Louis**  
(d) Street No. **1220a South Newstead Avenue**  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **September** day **10**, year **1941** hour **1:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **September 8**, 19 **41** to **September 10**, 19 **41**  
that I last saw him alive on **September 10**, 19 **41**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertensive Heart Disease**  
Due to **930**  
Due to **930**  
Other conditions (Include pregnancy within 3 months of death) **930**

Major findings: **930**  
Of operations **930**  
Of autopsy **none done**

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 **J. P. Beck** (M. D. or other) **0**  
Address **1515 Lafayette Ave.** Date signed **9/10/41**

JUL 10 1956

APR 26 1951

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

*Ralph C. Linder*

Registered Apprentice No.

*281*

working under my personal supervision.

Signed

*Paul A. Keith*

Licensed Embalmer No.

*3612*

P. O. Address

*2317 Lafayette*

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.