

FILLED NOV 24 1941

Registration District No. _____

Primary Registration District No. **1003**

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:
Homer G. Phillios Hospital *D*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis** 11 17 10
(If outside city or town limits, write "RURAL")

(d) Street No. **4329 Evans Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

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

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Louis Lewis** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **About 1858**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About 83				hr. _____ min. _____

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

10. Usual occupation **Nil**

11. Industry or business _____

12. Name **Calvin Tucker**

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

14. Maiden name **Emily Delassur**

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

16. (a) Informant **Della Rowles**

(b) Address **4329 Evans Ave**

17. (a) **Burial** (b) Date thereof **Oct. 8 '41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Genevieve, Mo**

18. (a) Signature of funeral director **Russell Untd. Co.**

(b) Address **2732 Pine Street**

19. (a) **OCT 6 1941** (b) *J. P. Bredich*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **3rd**
year **1941** hour **6:40** minute **0** P. 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 **Chronic Myocarditis Duration Lobar Pneumonia of lower lobe Fractured humerus at neck**

Due to **suffered when she slipped & fell off floor in kitchen of her**

Due to **home on Sept 17th, 1941 about 7:30 P. M.**

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

Major findings: _____
Of operations _____
On 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) **Accident**

(b) Date of occurrence **Sept 17, 1941**

(c) Where did injury occur? **St. Louis Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **On home**
(Specify type of place)

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

23. Signature *Chas. Perry* (M. D. or other) _____
Address *Capitol Hill* Date signed **10/6/41**

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

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 Joel Russell

Licensed Embalmer No. 412

P. O. Address.....

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.