

FILLED NOV 11 1941

Registration District No. **111**

Primary Registration District No. **111**

Registrar's No. **2199**

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1617 Stockard Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 67 yrs-7 Mos. 10 days
years, months or days)

3. (a) PRINT FULL NAME William (Bill) Lewis

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

4. Sex Male 5. Color or race Negro 6. (a) Single / Widowed, divorced, Widower

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

7. Birth date of deceased March 18, 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Unemployed

12. Name Unavailable

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

14. Maiden name Unavailable

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

16. (a) Informant Julia McCoy

(b) Address 1617 Stockard Avenue

17. (a) Burial (b) Date thereof 11/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westely Cemetery

18. (a) Signature of funeral director Chas. H. ...
(b) Address 4107 Finney Avenue

19. (a) NOV 1 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1617 Stockard Avenue
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October, day 28
year 1941 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from 10-25-41 to 10-28-41
that I last saw him alive on 10-28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho - Pneumonia
Due to Ch. Myocarditis

Due to 93d
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: [Signature]
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 10-28-40

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

MOTHER FATHER

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.....
Licensed Embalmer No. 3522
P. O. Address..... 4107 Finney Avenue

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.