

FILED NOV 11 1941

Registration District No. **184**

Primary Registration District No. **200**

Registrar's No. **2216**

1. PLACE OF DEATH:

(a) County **St. Louis County**
(b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
37 hours
(d) Length of stay: In hospital or institution **37 hours** (Specify whether
In this community **Same** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **St. Clair**
(c) City or town **Belleville** (If outside city or town limits, write "RURAL")
(d) Street No. **200 West "J" Street** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **2**

3. (a) PRINT FULL NAME **LEWALLEN, Percy**

3. (b) If veteran, name war **World, 1918**

3. (c) Social Security No. **328-03-7059**

20. DATE OF DEATH: Month **November** day **2**
year **1941** hour **1** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Since 10/31/41 to 11/2/41** 1941;
that I last saw him alive on **11/2/41** 1941;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dorothy Lewallen**
6. (c) Age of husband or wife if alive **Unknown** years
7. Birth date of deceased **December 24 1892**
(Month) (Day) (Year)

Immediate cause of death... **Coronary arteriosclerotic heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency.**
Duration **UNK.**

8. AGE:	Years	Months	Days	If less than one day
	48	10	9	hr. min.

Due to **9502**
Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business **See above**
12. Name **Sylvester Lewallen**
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Rosie Little** (City, town, or county) (State or foreign country)
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

Major findings:
Of operations **No operation**
Of autopsy **No autopsy**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Government Records**
(b) Address **Vet. Adm. Fac., Jeff. Bks., Mo.**
17. (a) **Removal** (b) Date thereof **11/2/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Belleville, Ill.**
18. (a) Signature of funeral director **John Gardner**
(b) Address **Belleville, Ill.**
19. (a) **NOV 3 1941** (b) **John Gardner**
(Date received local registrar) (Registrar's signature)

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? **L. M. Cochran's** (Specify type of place) (Means of injury)
23. Signature **L. M. COCHRAN, M.D.** (M. D. or other)
Address **Chief Medical Officer.** Date signed **11/3/41**

701 (Licensed Embalmer's Statement on Reverse Side)

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

Te. 89

1900 BOARD 193

DEC 18 1911

DEC 18

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Ben N. Baldwin

Licensed Embalmer No.

2420

P. O. Address

P. St. Louis

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.