

S. No. 2
DM-1-4-41
v. 5-17-39
P-1 X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 545
Registrar's No. 967

FILED FEB 24 1942

Registration District No. 31

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3423 South Jefferson Avenue
(d) Length of stay: In hospital or institution 4 months
In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri
(b) County 000
(c) City or town St. Louis
(d) Street No. 3423 South Jefferson Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary Frances Lewis

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

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Moses Robert
6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 23, 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 5
If less than one day hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation house-work
at home

11. Industry or business

MOTHER FATHER

12. Name John Chrisco

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

14. Maiden name Jane Griffin

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

16. (a) Informant James Lewis

(b) Address DeSoto, Missouri

17. (a) Burial (b) Date thereof 1-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grubville, Missouri

18. (a) Signature of funeral director A. H. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) JAN 31 1942 (Date received local registrar)
J. F. Bredet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th
year 1942 hour 3 minute 50 p.m.

21. I hereby certify that I attended the deceased from Jan 26 1942 to Jan 28 1942
that I last saw her alive on July 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis

Due to Chronic Myocarditis

Other conditions None but Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

Duration

2 days

6

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 Julius C. Kalla (M. D. or other) M.D.

Address 2603 Chewheo St Date signed 12/29/42

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

1799

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 L.R. Cooper
Licensed Embalmer No. 3633
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.