

FILED APR 13 1942 91

1003

Registration District No. _____

Primary Registration District No. _____

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. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 17 hrs. (Specify whether D)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County. 11000
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3844 Evans Ave.
(If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Beatrice Lewis

3. (b) If veteran, --

3. (c) Social Security

name war. --

No. ---

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife. --

6. (c) Age of husband or wife if alive. -- years

7. Birth date of deceased. July 7th.

1926

8. AGE:

Years

Months

Days

If less than one day

15

8

17

hr. min

9. Birthplace. Tallulah Louisiana

(City, town, or county)

(State or foreign country)

10. Usual occupation. Student

11. Industry or business. Riddick Grade School

12. Name. Robert Lewis

13. Birthplace. Brookhaven Mississippi

(City, town, or county)

(State or foreign country)

14. Maiden name. Janie Lynum

15. Birthplace. Tallulah Louisiana

(City, town, or county)

(State or foreign country)

16. (a) Informant. Janie Lewis

(b) Address. 3844 Evans Ave.

17. (a) Burial (b) Date thereof 3-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Washington Park Cem.

18. (a) Signature of funeral director. Chas. J. Gates

(b) Address. 4107 Finney Ave

19. (a) MAR 27 1942 (b) J. F. Brudick

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th.
year 1942 hour 10:45 minute 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 Nephritis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of 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) _____

(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) (c) Means of injury _____

23. Signature W. H. Perry (M. D. or other) 3

Address 1322 Clark Ave Date signed 3/26/42

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

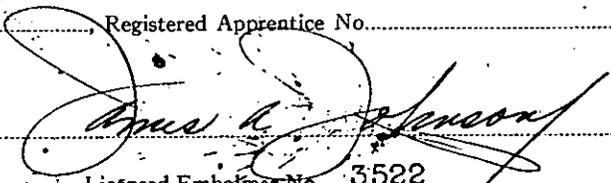
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

working under my personal supervision.

....., Registered Apprentice No.

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.