V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8873

FILED APR 8 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2459

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: MISSOURI BAPTIST
(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:

(a) State Mo. (b) County 24 000 17

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3552 TEXAS
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELLA VANDORIA LEWIS

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife WALLACE LEWIS

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased NOV. (Month) 4 (Day) 1889 (Year)

8. AGE: Years 52 Months 4 Days 14 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name W. L. JOHNSON
13. Birthplace NORTH CAROLINA (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name EMELINE DICKMORE
15. Birthplace NORTH CAROLINA (City, town, or county) (State or foreign country)

16. (a) Informant Wallace M. Lewis
(b) Address 3552 Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 19 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Chaffee Mo.

18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee Mo.

19. (a) MAR 18 1942 (Date received local registrar) (b) J. F. Medeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1942 hour 1 minute 25 M.

21. I hereby certify that I attended the deceased from November 3, 1941, to March 17, 1942
that I last saw her alive on March 17, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cancer of pancreas	26 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations gallstones
cancer of pancreas
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John L. Horner (M. D. or other) M D
Address 114 N. Taylor Date signed 3-18-42

(Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

P. O. Address St. Louis Mo.

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.