

FILED MAY 7 1942 791

Registration District No. _____

Primary Registration District No. **100**

Registrar's No. **3748**

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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Essie Lee Lewis**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **female** 5. Color or race **colored** 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 **8 9 1939**
(Month) (Day) (Year)

8. AGE: Years **3** Months **6** Days **14** If less than one day _____ hr. _____ min.

9. Birthplace **Vincent** **ARK**
(City, town, or county) (State or foreign country)

10. Usual occupation **child**

11. Industry or business _____

12. Name **Alfred Ward**

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

14. Maiden name **Edella Scott**

15. Birthplace **Volca** **Miss**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jos. W. Lewis**

(b) Address **1443 N. 16th St**

17. (a) **BURIAL** (b) Date thereof **4-28-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Mary Hall**

(b) Address **4202 Sweeney Ave**

19. (a) **APR 28 1942** (b) **J. F. Bredick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **Saint Louis** **2517**
(If outside city or town limits, write "RURAL")
(d) Street No. **1443 N 16th St** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **24**
year **1942** hour **2:55** minute **A.M.**

21. I hereby certify that I attended the deceased from **17** to **4-24-1942**
that I last saw **her** alive on **4-24-1942**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Brain Pathology
Due to **(Otiology undetermined)**
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **107**

Of autopsy **Terminal Broncho-pneumonia; Brain pathology**

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 **D**

23. Signature **Lewis J. Davis** (M. D. or other) **m.D.**

Address **1536 Papine** Date signed **4-24-42**

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.