

FILED APR 27 1942 91
Registration District No. **91**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **26 Days**
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
 (c) City or town **Saint Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **512 Whittier**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **Ralph Charles Lewis**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **--**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Unknown**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **Aug. 28, 1878**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	7	17	hr. min.

9. Birthplace **Villa Ridge / Ill.**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **R. R. Yard Master (retired)**

MOTHER FATHER {
 11. Industry or business.....
 12. Name **Samuel O. Lewis**
 13. Birthplace **Miss.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Sarah E. Walker**
 15. Birthplace **Ill.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. S. P. Adams,**
 (b) Address **4845 Fountain Ave.**
 17. (a) **Burial** (b) Date thereof **Apr. 17, 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Valla Ridge, Ill.**
 18. (a) Signature of funeral director **Craig Mortuary**
 (b) Address **4468 Washington**
 19. (a) **APR 16 1942** **J. J. Medrick**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15,**
 year **1942** hour **12:30** minute **P.** M.
 21. I hereby certify that I attended the deceased from **February**
19, 19 **42** to **April 15,** 19 **42;**
 that I last saw him alive on **April 15,** 19 **42;**
 and that death occurred on the date and hour stated above.
 Immediate cause of death:
Lung Abscesses,
(Left Tuberculous)
Lung Carcinoma
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy **as above**

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) (e) Means of injury.....
 23. Signature **Louis G. Neuboff** (Registrar or other)
 Address **1515 Lafayette Avenue,** signed **3/42**

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

Philip M. Craig

Licensed Embalmer No.

3280

P. O. Address

446 1/2 Washington

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.