

41020  
 U.S. No. 2  
 OM-9-4-41  
 Rev. 5-17-39  
 I X29484

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

State File No. **19766**  
 Registrar's No. **5923**

Registration District No. **791** Primary Registration District No. **1003**

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..... **3 Days**  
 In this community..... **15 Years**  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State..... **Missouri** (b) County..... **000**  
 (c) City or town..... **St. Louis** **17**  
 (If outside city or town limits, write "RURAL") **923**  
 (d) Street No..... **1720 California Ave.,**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... **No** (Yes or No)  
 If yes, name country..... **0**

3. (a) PRINT FULL NAME **Ona 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..... **William L.** 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased..... **October 12, 1866**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>75</b>	<b>8</b>	<b>29</b>	hr. min.

9. Birthplace **Cooter Missouri**  
 (City, town, or county) (State or foreign country)

10. Usual occupation..... **Housework**

11. Industry or business..... **At Home**

MOTHER FATHER  
 12. Name..... **Unknown**  
 13. Birthplace..... **Unknown**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name..... **Unknown**  
 15. Birthplace..... **Unknown**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Albert M. Kelly**  
 (b) Address..... **1720 California Ave.**

17. (a)  **Burial** (b) Date thereof **July 14, 1942**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... **St. Matthews Cemetery**

18. (a) Signature of funeral director..... **D. M. Laughlin**  
 (b) Address..... **2301 Lafayette**

19. (a) **JUL 13 1942** (b) Registrar's signature..... **J. J. Bedeck**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH, Month **July** day **11,** year **1942** hour **5:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **July 9,** 19 **42** to **July 11,** 19 **42**  
 that I last saw h. **at** alive on **July 11,** 19 **42**  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Lobar pneumonia.**

Due to..... **108**  
 Due to.....

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

Major findings:  
 Of operations.....  
 Of autopsy..... **as above**

Duration  
 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..... **0**

23. Signature..... **D. M. Petersen** (M. D. or other)  
 Address..... **1515 Lafayette Avenue,** Date signed..... **7/23/42**

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

00  
 152  
 923

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. Dwyer*

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.**