

LED AUG 14 1942 791

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

6552

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone Nursing Home 4
(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)

3. (a) PRINT FULL NAME Margaret J. Lewis

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 (b) Name of husband or wife Alexander A. Lewis 6. (c) Age of husband or wife if alive years 7. Birth date of deceased February 26, 1862 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation At home Housewife

11. Industry or business

12. Name Major Rosborough
13. Birthplace Unknown Ireland 4 (City, town, or county) (State or foreign country)

14. Maiden name Mathilda Jane Graham
15. Birthplace Philadelphia, Pa. (City, town, or county) (State or foreign country)

16. (a) Informant Mary L. Lewis
(b) Address 4386 West Pine Blvd.

17. (a) Burial (b) Date thereof 8 - 3 1942 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Road at Concordia Lane

19. (a) AUG 2 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17
(c) City or town St. Louis 919
(If outside city or town limits, write "RURAL")
(d) Street No. 4386 West Pine Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 2, day 1942 year 12 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 25th, 1942 to Aug. 2, 1942 that I last saw her alive on July 30th, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis 10 yrs.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 W. E. Jones (M. D. or other) Date signed 8/2/42
Address Lister Bldg.

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. 1994

P. O. Address Clayton, Missouri.

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.