

No. 2
1-4-41
5-17-39
I X26320

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25999

State File No.

Registrar's No. 7172

Registration District No. 1848

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County 4321 Miami
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4321 Miami Sh. 1
(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: 000
(a) State Mo (b) County 17
(c) City or town St. Louis 9/15
(If outside city or town limits, write "RURAL")
(d) Street No. 4321 Miami Sh.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Helen Lewis
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 25-42
year 1942 hour 6:50 minute 0 M.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
7. Name of husband or wife late Addison Lewis 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. Jan 6th 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1 1939 19..... to Aug 25 1942
that I last saw her alive on 8-25-42 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 7 Days 19 If less than one day hr. min.

Immediate cause of death.....
cerebral hemorrhage 5 years
1st
Due to (left side paralysis)
Due to 1st or last attack 8/25/42

9. Birthplace..... Virginia
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions.....
(Include pregnancy within 3 months of death)
None

11. Industry or business.....
12. Name..... Unknown Reynolds
13. Birthplace..... Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Sadler
15. Birthplace..... Virginia
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy..... no

16. (a) Informant me Addie News
(b) Address 4321 Miami St
17. (a) Burial (b) Date thereof 8-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Conv.
18. (a) Signature of funeral director Wm. G. Shavers Mortuary
(b) Address 4028 So. Kingshighway
19. (a) AUG 27 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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) Mean of injury.....
23. Signature O. C. Fligner M.D. (M. D. or other)
Address 4523 S. Kings Highway Date signed 8/25/42

(Licensed Embalmer's Statement on Reverse Side)

041

11-1-1912

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

Edwin A. McDermott

Licensed Embalmer No. *3024*

P. O. Address.....

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.