

FILED OCT 28 1942

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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:
3624 Cleveland Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 179
(d) Street No. 3624 Cleveland Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Laura Lewis

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 9 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 4 _____ hr. _____ min

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business _____

12. Name ???? Menge

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Elizabeth Fox (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Laura C. Lewis

(b) Address 3624 Cleveland Ave

17. (a) Burial (b) Date thereof Oct 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) OCT 15 1942 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day October
year 1942 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 4-25-2
Aug 25, 1928, to Oct 13, 1942;
that I last saw him alive on Oct 13, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - chronic Duration 5 yrs.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Karl J. Balaz M.D. (M. D. or other) 0

Address 3623 Cleveland Ave Date signed 10/14/42

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

In Balance.
3623 Edgewater

PL-6225

1-23

500

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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 *Frank J. Down*
Licensed Embalmer No. *2245*
P. O. Address *Shoum*

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.