

FILED NOV 6 1942
Registration District No. _____

Primary Registration District No. 200

Registrar's No. 2069

1. PLACE OF DEATH:

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

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 925 Twining Place
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Emma J. 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

6. (b) Name of husband or wife Charles S.

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased 11/6/1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>10</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace

Illinois
(City, town, or county) (State or foreign country)

MOTHER FATHER

12. Name John Covington

13. Birthplace _____

U.S.A.
(State or foreign country)

14. Maiden name Unknown Trout

15. Birthplace _____

U.S.A.
(State or foreign country)

16. (a) Informant J. A. Lewis

(b) Address 306 Sylvester Ave

17. (a) Burial (b) Date thereof 10-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) OCT - 6 1942 (b) C. G. McQuinn
(Date received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4th
year 1942 hour 4:45 minute _____ P _____ M.

21. I hereby certify that I attended the deceased from Sept 18 1942 to Oct 4 1942
that I last saw her alive on Oct 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 3 days
Due to Myocarditis with fibrillation 16
Due to _____

Other conditions (include pregnancy within 3 months of death) 9321

Major findings: Of operations _____

Of autopsy _____

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 Carl Brand (M. D. or other) _____
Address Webster Groves, Mo Date signed 10/5/42

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

96
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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.....
.....
Licensed Embalmer No. 1994
P. O. Address Dayton MO

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.