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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38076

State File No.

FILED NOV 17 1942

Registration District No.

Primary Registration District No. 200

Registrar's No. 2358

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County M. Linn

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mt. St. Rose Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 wks to 11/10/42
(Specify whether years, months or days)

In this community: _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State ILLINOIS (b) County 11

(c) City or town SESSER 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME ELZA LEWIS

3. (b) If veteran, name war _____

3. (c) Social Security No. 343-03-8578

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10,
year 1942 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 22, 1942, to Nov. 10, 1942
that I last saw him alive on Nov. 9, 1942
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LETTIE LEWIS

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept 25 1881
(Month) (Day) (Year)

Immediate cause of death: Respiratory Failure Duration 12 hrs

Due to Atelectasis RT lower lobe 12 hrs.

Due to Fav Advanced Pulmonary lbc 4 yrs.

8. AGE: Years Months Days If less than one day

61 11 75 hr. min.

9. Birthplace Franklin County Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Coalminer

11. Industry or business _____

MOTHER FATHER

12. Name C. B. Lewis

13. Birthplace Franklin County Ill
(City, town, or county) (State or foreign country)

14. Maiden name Martha Cook

15. Birthplace Franklin County Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Lewis

(b) Address Sesser Ill

17. (a) Removal (b) Date thereof 11-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sesser Ill

18. (a) Signature of funeral director Bryfield Funeral Home

(b) Address Sesser Ill

19. (a) NOV 10 1942 (b) C. D. McGowan
(Date received local registrar) (Registrar's signature)

Other conditions: Tbc meningitis

(Include pregnancy within 3 months of death)

best thoracoplasty done 11-9-42

Major findings: _____

Of operations: _____

Of autopsy As above. 13

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 W. W. ... (M. D. or other)

Address 9101 S. ... Date signed 11-10-42

NOV 12 1988

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 *John Keller*
Licensed Embalmer No. *3880*

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.