

FILED JAN 19 1943 18  
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 170

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:  
Romer H. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community life years, months or days)

3. (a) PRINT FULL NAME ALONZO LEWIS  
3. (b) If veteran, name war none 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race Col. 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: 4 - 7 - 1923  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
19 8 26 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business Alter Garment Co. 1324 Washington

MOTHER FATHER  
12. Name Finnis Lewis  
13. Birthplace Madardal Mississippi  
(City, town, or county) (State or foreign country)  
14. Maiden name Hattie Brown  
15. Birthplace Kemper County Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Beatha Miller sister  
(b) Address 1823 1/2 Franklin Ave.

17. (a) Burial (b) Date thereof 1 - 8 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director John Riley  
(b) Address 375 1/2 Franklin Ave.

19. (a) JAN 7 1943 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 1823 1/2 Franklin Ave. (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3  
year 1943 hour 4 minute 40 P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Internal hemorrhage and Peritonitis following gunshot wound of back with abdominal at the hands of one George Phillips in a bowling alley located at 2817 Easton Ave. about 2:06 P.M. Jan. 3 1943

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations:  
Of autopsy

Duration of illness \_\_\_\_\_  
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) Homicide  
(b) Date of occurrence Jan 3 1943  
(c) Where did injury occur? at home (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work? no (Specify type of place) (e) Means of injury shot wound

23. Signature Alfred Perry (M. D. or other)  
Address St. Louis Date signed 1/7/43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

00303-11-23 Rev. 1-1-41

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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.....

*W. D. M. [Signature]*....., Registered Apprentice No. *347*  
working under my personal supervision.

Signed *Harry E. Jolley*  
Licensed Embalmer No. *4078*  
P. O. Address *St. Louis 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, above space should be left blank.**