

JAN 21 1943

Registration District No. **318**

Primary Registration District No. **100**

Registrar's No. **368**

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:  
**Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **10 days** (Specify whether  
In this community **30 yrs** years, months or days)

3. (a) PRINT FULL NAME **Mary Lewis**

3. (b) If veteran, name war..... 3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **negro** 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 **abt 1873**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>abt. 70</b>			hr. min.

9. Birthplace **East St. Louis Ill**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business.....

12. Name **Richard Palmer**

13. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Daniel Palmer**

(b) Address **103 So. Jefferson**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-14-43**  
(Month) (Day) (Year)

(c) Place: burial or cremation: **Washington Park**

18. (a) Signature of funeral director **Atkins Bros**

(b) Address **3644 Finney Ave**

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(If outside city or town limits, write "RURAL")  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **322 So Garrison Ave**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **9**  
year **1943** hour **3** minute **30** P.M.

21. I hereby certify that I attended the deceased from **December 30, 1942** to **January 9, 1943**

that I last saw her alive on **January 9, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death: **Hypertensive Heart Disease**  
**Complete Heart Block**

Due to.....

Due to.....

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

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) (c) Means of injury.....

23. Signature **J. E. Smith** (M. D. or other)

Address **2601 N. Waterloo** Date signed **1-11-43**

Duration  
**Unknown**  
**Unknown**

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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:

*Louis V. Atkins*

Licensed Embalmer No.

2842

P. O. Address

3644 Finney

**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.**