DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4465

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1150

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:
City Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3½ Hours. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 13 96

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2812 Arlington Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM I. LEWIS.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Lewis.

6. (c) Age of husband or wife if alive Dec'd. years

7. Birth date of deceased January 3, 1870. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	1	0	hr. min.

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

10. Usual occupation Farmer.

11. Industry or business

MOTHER FATHER

12. Name Benjamin F. Lewis.

13. Birthplace Watertown, Connecticut (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth A. Kelley.

15. Birthplace New York City, New York (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Thomas J. Purviance.

(b) Address 2812 Arlington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-1943. (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) FEB 4 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd. year 1943 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Chronic Interstitial Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 181	

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? (Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Date signed 2/4/43

(Licensed Embalmer's Statement on Reverse Side)

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. 1346

working under my personal supervision.

Signed. Leonard W. Kraeger

Licensed Embalmer No. 2678

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.