

FILED JUN 25 1943 318

Registration District No. .... Primary Registration District No. **1003**

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

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:  
**Memorial Home 4209 S. Grand Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **15 yrs**  
(Specify whether years, months or days) **22 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2609 S. Grand Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **ABRAM H. LEWIS**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Elizabeth Eleanor Lewis** 6. (c) Age of husband or wife if alive **Dec.** years

7. Birth date of deceased **11 21 1854**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**88 6 24** hr. min.

9. Birthplace **New York City N.Y.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Ret'd Mens Furnishings**

11. Industry or business

12. Name **Unknown**  
13. Birthplace **Unknown N.Y.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Phoebe Cox**  
15. Birthplace **Unknown N.Y.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Virginia Noecker**  
(b) Address **428 Edgewood Drive**

17. (a) **Burial** (b) Date thereof **6-18-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **L. Lake Charles Cemetery**

18. (a) Signature of funeral director **Alexander Sons**  
(b) Address **6175 Delmar Blvd.**

19. (a) **JUN 17 1943** (b) **J. F. Bredbeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Six** day **26<sup>th</sup>**  
year **1943** hour minute M.

21. I hereby certify that I attended the deceased from **1942**  
..... 19..... to **June 16, 1943**  
that I last saw him alive on **June 15<sup>th</sup>, 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Uraemia** Duration **3 da.**

Due to **Hepatic Cirrhosis 2 yrs**

Due to **Uraemia 15 da.**

Other conditions **Uraemia**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **12/16**  
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 **H. D. Pappalardo M.D.**  
Address **3103 Franklin** Date signed **6/16/43**

**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 jos. s. McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 6175 Delman

**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.**