. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 8 1943

Registration District No. 318 Primary Registration District No. 1003

State File No. 23215

Registrar's No. 6784

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City Hospital #1. 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 994

(a) State Illinois (b) County Macon 11

(c) City or town Decatur 2 NR
(If outside city or town limits, write "RURAL")

(d) Street No. 2404 East North Street.,
(If rural, give location)

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

3. (a) PRINT FULL NAME Harry H. Lewis

3. (b) If veteran, name war None

3. (c) Social Security No. 702-05-4374

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased October (Month) 5 (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	9	21	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Telegrapher

11. Industry or business Wabash Rail-road

FATHER
12. Name Unknown Lewis
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Dorothy Lewis
(b) Address Decatur, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/27/43 (Month) (Day) (Year)
(c) Place: burial or cremation Decatur, Illinois

18. (a) Signature of funeral director Albert H. Hoope, Inc
(b) Address 4700 Washington Blvd.,

19. (a) JUL 27 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1943 hour 3 minutes 30 P 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: Coronary Occlusion	
Coronary Sclerosis	
Due to	
Due to 94	
Other conditions (Include pregnancy within 3 months of death)	
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 Thomas F Callanan 3 (M. D. or other)
Address Deputy Coroner Date signed 7-27-43

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1944

MAR 3 1944

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 Guy W Wilkinson

Licensed Embalmer No. 3575

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.