

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24401

State File No.

Registrar's No. 765

FILED AUG 5 1943

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan.
(b) City or town St. Joseph.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Minutes.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna Maude Lewis.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. Divorced Widowed

6. (b) Name of husband or wife Charles Lewis. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 5 1 hr. 0 min.

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

10. Usual occupation Housework.

11. Industry or business T.J. Thedinger.

12. Name Newton Collett.

13. Birthplace Uknown 9
(City, town, or county) (State or foreign country)

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

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant T. J. Thedinger

(b) Address St. Joseph, Missouri

17. (a) Burial (b) Date thereof June 22, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Hermon W. Biddeford

(b) Address 1802 Union, St. Joseph, Mo.

19. (a) 6-22-43 (b) Rose Heigay
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1506 E. 6th Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
year 1943 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 20 19 43
that I last saw him alive on June 20 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Embolism 1 day

Due to General Arteriosclerosis 1 year

Due to Chronic Myo-Carditis 1 year

Other conditions (Include pregnancy within 3 months of death)

Woman died suddenly following an attack of acute indigestion, and a history of Chronic heart disease.

Major findings Of operation

Of autopsy

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 3 Coroner

23. Signature H. F. Menden (M., D. or other)

Address 404 So. 3rd St. Date signed 6/29/43

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.....

John H. Hurley

Licensed Embalmer No. *4050*

P. O. Address *St. Joseph 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, fact should be so stated above.