

S. No. 2  
M-2-43  
5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36512

FILED NOV 29 1943 818

State File No. \_\_\_\_\_  
Registrar's No. 10087

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
In this community 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4273 W. St. Ferdinand  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Will Lewis

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race COLORED 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DECEMBER 29 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 58 10 14 hr. \_\_\_\_\_ min.

9. Birthplace ARTESIA MISS  
(City, town, or county) (State or foreign country)

10. Usual occupation TRUCKER

11. Industry or business RETIRED

12. Name JOHN L. LEWIS

13. Birthplace ARTESIA MISS  
(City, town, or county) (State or foreign country)

14. Maiden name DELIA JOHNSON

15. Birthplace ARTESIA MISS  
(City, town, or county) (State or foreign country)

16. (a) Informant SARA ASH

(b) Address 4273 W. ST. FERDINAND

17. (a) BURIAL (b) Date thereof 11-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PARK CEM

18. (a) Signature of funeral director Elmer E. Pettis

(b) Address 3030 BELL AVE.

19. (a) NOV 18 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13,  
year 1943 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from October 28,  
1943 to November 13, 1943.  
that I last saw him alive on November 13, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypertensive Heart Disease  
Old Hemiplegia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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) (e) Means of injury \_\_\_\_\_

23. Signature J. E. Smith (M. D. or other) \_\_\_\_\_  
Address 601 W. Hillier Date signed 11/14/43

Duration  
Unk.  
Unk.

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

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

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.....

*William C. McDowell*, Registered Apprentice No. ....  
working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

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.