

FILED FEB 11 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1111**

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

PLACE OF DEATH:

(a) County **St. Louis mo**  
 (b) City or town **St. Louis mo**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**3150 E Evans /**  
 (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)

3. (a) PRINT FULL NAME **Alma Lewis**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Alphonzo Lewis** 6. (c) Age of husband or wife if alive **35** years  
 7. Birth date of deceased **7 / 4 / 1910**  
 (Month) (Day) (Year)

8. AGE: Years **33** ~~34~~ Months **5** ~~292~~ Days **6-28**  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Juscaloosa Ala /**  
 (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business **House Wife**

MOTHER FATHER {  
 12. Name **Samuel Powell**  
 13. Birthplace **Juscaloosa Ala /**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Erine Allen**  
 15. Birthplace **Juscaloosa Ala /**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Lizzie Snyder**  
 (b) **3150 E Evans ave**

17. (a) **buried** (b) Date thereof **2-4-44**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Father Dixon Cem**

18. (a) Signature of funeral director **Lus Howe**

(b) Address **2930 Dickson Street**

19. (a) **FEB 4 1944** (b) **J. T. Brebeck**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **0000**  
 (a) State **Missouri** (b) County **122-1**  
 (c) City or town **St Louis mo**  
 (If outside city or town limits, write "RURAL?")  
 (d) Street No. **3150 E Evans Ave**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **30**  
 year **44** hour **8** minute **30** 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.

Immediate cause of death \_\_\_\_\_

**Carcinoma of the uterus:**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) **H8**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (a) Means of injury \_\_\_\_\_

23. Signature **Alfred Perry** (M: D. or other) \_\_\_\_\_  
 Address **2930 Dickson Street** Date signed **2/2/44**

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

**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.**