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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **611**
Registrar's No. **466**

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

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri**
(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: **St. Louis City Hospital**
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **37 days**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **1838 Menard St.**
(If rural, give location) **23**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank Mathews Lewis**
3. (b) If veteran, name war _____
3. (c) Social Security No. **489-16-4086**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **14**
year **1944** hour **4:50** minute **P** M.
21. I hereby certify that I attended the deceased from **December**
9 19 **43** to **January 14** 19 **44**;
that I last saw him alive on **January 14** 19 **44**;
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **April 9, 1903**
(Month) (Day) (Year)

Immediate cause of death: **Pulmonary Embolism**
Due to: **Gastric Reaction for Peptic Ulcer**
Due to: **117**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **Spontaneous Ulcer**
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
40 **9** **5** hr. min.
9. Birthplace: **Modoc Illinois**
(City, town, or county) (State or foreign country)
10. Usual occupation: **Laborer**

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

11. Industry or business _____
12. Name: **James M. Lewis**
13. Birthplace: **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name: **Victoria Jennings**
15. Birthplace: **New Athens Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Bertha Bancs**
(b) Address: **1838 Menard St.**
17. (a) **Burial** (b) Date thereof: **Jan. 18, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **National Cemetery**
18. (a) Signature of funeral director: **Weick Bros. Und. Co.**
(b) Address: **2201 S. Grand Bl.**
19. (a) (Date received by Registrar) **JAN 17 1944** (b) **J. F. Brueck** (Registrar's signature)

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. L. Campbell** (M. D. or other) **1/15/44**
Address: **1515 Lafayette Avenue** Date signed _____

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.....

Nancy G. Stewart

Licensed Embalmer No. 3722

P. O. Address..... 412 Duchouquette

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.