

S. No. 2
M-5-43
5-17-39
I X38671

FILED MAY 15 1944 818
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County 999

(c) City or town Oklahoma City
(If outside city or town limits, write "RURAL") N.R.

(d) Street No. 501 N.W. 41st Street
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CEYLON SMITH LEWIS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased April 23 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 0 6 hr. min.

9. Birthplace Quincy, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Road contractor.

11. Industry or business

MOTHER FATHER { 12. Name J. Y. Lewis

{ 13. Birthplace Penn.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ella Smith

{ 15. Birthplace Quincy, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Ceylon S. Lewis, Jr.

(b) Address 625 Westmoore

17. (a) removal (b) Date thereof 5/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma City, Okla.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) MAY 1 1944 J. J. Bradley
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1944 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 26, 1944, 19... to April 29, 1944, 19...; that I last saw him alive on April 29, 1944, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Hypertensive cardiovascular disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/3

Major findings: Of operations _____

Of autopsy None obtained

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? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature F. R. Bradley (M. D. or ~~MD~~)
Address BARNES HOSPITAL Date signed 4/29/44

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

JUL 27 1948

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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 Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address University City, 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.