

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

D. 2
2-43
7-39
X35597

FILED MAY 20 1948
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **4352**

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: **St. John's Hosp. O**
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
17

(c) City or town **St. Louis** **73**
(If outside city or town limits, write "RURAL")

(d) Street No. **2154 Clifton**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____ **O**

3. (a) PRINT FULL NAME **LEWIS, Leah Grace**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **9th**
year **1944** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 15, 1944** to **May 9, 1944**
and that death occurred on the date and hour stated above.

4. Sex **Fem** 5. Color or race **Wh**

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

6. (b) Name of husband or wife **Edward L. Lewis**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Dec. 5 1893**
(Month) (Day) (Year)

Immediate cause of death **Pulmonary embolus**

Due to **Operation (Post-operative)**

Other conditions **Carcinoma - generalized**

Major findings: **Generalized carcinoma ptosis of the abdomen primary growth probably metastatic**

Of autopsy **None**

8. AGE: Years **50** Months **5** Days **4**
If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **Edward McNeely**

13. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Hattie Bartlett**

15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward L. Lewis**

(b) Address **2154 Clifton Ave**

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? _____

17. (a) **Burial** (b) Date thereof **May 12-'44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cem.**

18. (a) Signature of funeral director **Michael J. Croghan**
7146 Manchester

(b) Address _____

19. (a) **MAY 11 1944** (b) **J. P. Predeak**
(Date received local registrar) (Registrar's signature)

23. Signature **Chas. Muller** (M. D. or other) **M. D.**

Address **408 Humboldt Bldg.** Date signed **5/11/44**

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

Signed

John Gonocki
.....
Licensed Embalmer No. *3398*

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.