

FILED AUG 25 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
Christian Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
97

(d) Street No. 5006 Ruskin Avenue
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
0
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Lewis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Curtis W. Lewis

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 8, 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>3</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name John Jennings

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Melinda Moudy

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Curtis W. Lewis

(b) Address 5006 Ruskin Avenue

17. (a) Burial (b) Date thereof Aug 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) AUG 15 1944 J. F. Bruders
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14, 1944
year _____ hour 2:40 minute A M.

21. I hereby certify that I attended the deceased from 8-10-44
_____ 1944 to 8-14- 1944
that I last saw her alive on 8-13- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to cardio-vascular
renal disease

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 1/21

Of operations _____

Of autopsy _____

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) (c) Means of injury

23. Signature W. J. Harris (M. D. or _____)

Address 3225 W. Grand Date signed 8-15-44

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

5505-1-2
H. Stamp

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 Gorski

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.