

FILED JAN 15 1945
Registration District No. 318

Primary Registration District No.

State File No.

Registrar's No. 11243

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 126 Rankin Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 1
years, months or days

3. (a) PRINT FULL NAME Peter Lewis

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Male

5. Color or race Col

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

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

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

7. Birth date of deceased Abt. 1860
(Month) (Day) (Year)

8. AGE: Years Abt. 84 Months Days If less than one day
hr. min

9. Birthplace Woodville Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant McClain-Lewis

(b) Address 126 Rankin Avenue

17. (a) Burial (b) Date thereof 12/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Avenue

19. (a) DEC 30 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 126 Rankin Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26
year 1944 hour 3 minute 50 p. a. m.

21. I hereby certify that I attended the deceased from 12/15, 1944, to 12/26, 1944
that I last saw alive on 12/26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
from chest

Duration 11 1/2 hrs

Due to _____

Due to _____

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

Major findings: 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) (e) Means of injury

23. Signature Unger C. Taylor (M. D. or other) _____

Address 3146 Laclede Date signed 12/29/44

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

MOTHER FATHER

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 *R. M. Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 Sable Dr*

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.