

FILED FEB 7 1945

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 847

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pronounced dead at Home
(If not in hospital or institution, write street name and number)
Philip Ave
(Specify whether
(d) Length of stay: In hospital or institution..... 3
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4412 Garfield Ave
(If rural, give location)
(e) Citizen of foreign country?..... No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Vivian Lewis

3. (b) If veteran, name war..... No.....
3. (c) Social Security No.....

4. Sex..... Female 5. Color or race..... Col.
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..... June 21 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 7 1 ..hr.min.

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

10. Usual occupation..... Housework (at home)

11. Industry or business.....
12. Name..... Richard Lewis
13. Birthplace..... Mo.
(City, town, or county) (State or foreign country)

14. Maiden name..... Ratie Stanton
15. Birthplace..... Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant..... August Lewis
(b) Address..... 4412 Garfield Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 1-27-45
(Month) (Day) (Year)
(c) Place: burial or cremation..... St. Peter's Cem.

18. (a) Signature of funeral director..... M. S. Dowell
(b) Address..... 1711 N. Taylor Ave

19. (a) JAN 27 1945 (Date received by registrar) J. F. Braden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 22
year 1945 hour 3:20 minute P. M.

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

Immediate cause of death.....
Coronary Occlusion (Sclerosis)

Due to.....
Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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)
Means of injury.....

23. Signature..... Walter J. Perry (M. D. or other)
Address..... Date signed 1/27/45

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell.....

Licensed Embalmer No..... 2118

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.