V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15329

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4472

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

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: Homer G. Phillips 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months, 2 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 21

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

(d) Street No. 3309 A Laclede
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) FULL NAME Mary Lewis

3. (b) If veteran, name war No

3. (c) Social Security No. 200

4. Sex Fem. 2

5. Color or race Col.

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

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

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Jan. (Month) 22 (Day) 1906 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	3	26	hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Jefferson Carroll
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Stella Bright
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Trevia Carroll
(b) Address 3410 R. Pine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-45 (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 Ave.

19. (a) MAY 21 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18, year 1945 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from March 16, 1945 to May 18, 1945; that I last saw her alive on May 18, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Unk.
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alva Moore (M. D.)
Address 601 Whittier Date signed 5/19/45

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede Ave

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.