S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29180

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8057

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community 3 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Ashley 999
(c) City or town Montrose 2
(If outside city or town limits, write "RURAL")
(d) Street No. Gemeral Delivery 0
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

NR

3. (a) PRINT FULL NAME Ardella Lewis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased September (Month) 25 (Day) 1882 (Year)

8. AGE: Years 62 Months 11 Days 20 If less than one day hr. min.

9. Birthplace Montrose (City, town or county) Arkansas (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lee Brown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Rose
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mary Dickens
(b) Address 3641 Cook Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/18/45 (Month) (Day) (Year)
(c) Place: burial or cremation Montrose, Arkansas

18. (a) Signature of funeral director Ellis Fun. Home
(b) Address 2820 Stoddard St.

19. (a) SEP 15 1945 (Date received local registrar) (b) J. Bridach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 14th year 1945 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 16th 1945 to Sep 14 1945 that I last saw her alive on Sep 14 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	2 mos
Due to —	
Due to —	
Other conditions Avitaminoses — (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 Leon A. Smart MD (M. D. or other)
Address 4069 a Easton St Louis, MO Date signed 9/14/45

(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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 4912 Fountain 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.