S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32104

State File No. 9461

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran 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

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

(d) Street No. 2410 So. 10th ST.
(If rural, give location)

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

If yes, name country

000 23 17 9 0

3. (a) PRINT FULL NAME Lewandowski - Baby Boy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 1 (Day) 1945 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. 12 min.

9. Birthplace ST. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Lewandowski, Harry
13. Birthplace South Bend (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Hewitt, Evelyn
15. Birthplace ST. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant H. Amelung
(b) Address Lutheran Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave

19. (a) NOV 1 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1 year 1945 hour 5 minute 40 a. M.

21. I hereby certify that I attended the deceased from Nov 1, 1945, to Nov 1, 1945 that I last saw h. alive on , 19 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth

Due to (6 mo)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

154

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 Royal A. Weir (M. D. ~~or other~~)

Address 462 N. Taylor Date signed 11-1-45

(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 No Embalming, Registered Apprentice No. ....., working under my personal supervision.

Signed Frank J. Hyland

Licensed Embalmer No. 2645

P. O. Address [illegible]

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.