

S. No. 2  
DM-3-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED DEC 7 1945 STANDARD CERTIFICATE OF DEATH

State File No. 35546  
Registrar's No. 10398

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Lukes Hospital  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution St. Lukes Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County  
(c) City or town St. Louis  
(d) Street No. 5939 Summitt Av.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Timothy J. Lewis  
3. (b) If veteran, name war 3. (c) Social Security No.  
4. Sex M 5. Color or race W 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 Nov. 27, 1945

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 28 year 1945 hour 11 minute 0 M.  
21. I hereby certify that I attended the deceased from Nov. 27, 1945, to Nov. 28, 1945, that I last saw him alive on Nov. 28, 1945, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day hr. min.  
2

Immediate cause of death Pneumonia & atelectasis  
Due to  
Due to  
Other conditions  
Major findings: Of operations Of autopsy atelectasis  
Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis, Mo.  
10. Usual occupation  
11. Industry or business  
12. Name Robert Lewis  
13. Birthplace St. Louis, Mo.  
14. Maiden name Lillian C. Mitchell  
15. Birthplace St. Louis, Mo.

16. (a) Informant Robert Lewis  
(b) Address 5939 Summitt Av.  
17. (a) Burial (b) Date thereof 11/30/45  
(c) Place: burial or cremation Calvary  
18. (a) Signature of funeral director Sullivan's  
(b) Address 2849 No. Euclid  
19. (a) NOV 30 1945 (b) [Signature]

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?  
(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 [Signature] (M. D. or other)  
Address 3720 Washington Date signed 11-30-45

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

1230 -  
Dr. O'Keefe  
Beaumont Bldg.

*CP  
T. H. J.*

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No. ....

Signed..... *Reuben L. Duntman* .....

..... Licensed Embalmer No. *3553* .....

..... P. O. Address .....

**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.**