

FILED NOV 29 1945

1003

Registrar's No. 10068

Registration District No. 318 Primary Registration District No. _____

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 Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2577

(d) Street No. 1432 N 15th St
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME William ~~Wood~~ Lewis

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-17-9997

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1945 hour 1 minute 38 P. M.

21. I hereby certify that I attended the deceased from 10-27
1945, to 11-19, 1945;

4. Sex Male 2 5. Color or race Col

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

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

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept 5 1991
(Month) (Day) (Year)

that I last saw her alive on 11-19, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Cancer

Duration Unk

8. AGE: Years 54 Months 8 Days 5
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation Laborer

Major findings: _____

Of operations _____

Of autopsy Yes

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John Lewis

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name Mary Lewis

15. Birthplace St Charles (City, town, or county) mo (State or foreign country)

16. (a) Informant Sister, Gertrude Wright

(b) Address 1510 R. Cole

17. (a) Burial (b) Date thereof 11-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director M. S. Dowell

(b) Address 1711 No Taylor Ave

19. (a) NOV 21 1945 (Date received local registrar)

(b) J. F. Bredek (Registrar's 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? _____ (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)

(e) Means of injury 0

23. Signature W. B. Bernard (M.-D. or other) _____

Address 2601 N Whittier Date signed 11/21/45

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

10
17
9

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 *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.