S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39440

FILED JAN 15 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11352

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: De Paul 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 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill (b) County Randolph

(c) City or town Chester
(If outside city or town limits, write "RURAL")

(d) Street No. — NR
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Chas Lewis

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 2 Widowed

6. (b) Name of husband or wife —

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

7. Birth date of deceased Feb (Month) 9 (Day) 1861 (Year)

8. AGE: Years 84 Months 10 Days 17 If less than one day — hr. — min.

9. Birthplace Chester (City, town, or county) Ill (State or foreign country)

10. Usual occupation Machinist

11. Industry or business mining

FATHER
12. Name —
13. Birthplace — (City, town, or county) — (State or foreign country)

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

16. (a) Informant Arnold Sebastia
(b) Address 1479 Arlington av St Louis Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12 (Month) 28 (Day) 45 (Year)
(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director O C Schroeder
(b) Address Chester Ill

19. (a) DEC 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23 year 45 hour 8 ~~o'clock~~ minute 45 A M.

21. I hereby certify that I attended the deceased from 12-22-45, 19__, to 12-23-45, 19__; that I last saw him alive on 12-22-45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Organic

Due to

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.

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 George A Reynolds (M. D. or other) MD

Address De Paul Hosp St Louis Mo Date signed 12/23/45

(Licensed Embalmer's Statement on Reverse Side)

11352

11352

JAN 10 1946

JAN 10 1946

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.....

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.