

FILED JAN 5 1946
318

STANDARD CERTIFICATE OF DEATH

State File No.

11154

Registration District No.

Primary Registration District No.

1003

Registrar's 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 G Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Thomas Lewis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male, 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife J.N.T. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE: Years abt - 101 Months - Days - If less than one day hr. _____ min. _____9. Birthplace UNK (City, town, or county) UNK A (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name UNK
 13. Birthplace UNK (City, town, or county) A (State or foreign country)
 14. Maiden name UNK
 15. Birthplace UNK (City, town, or county) UNK A (State or foreign country)

16. (a) Informant Evergreen Shaw(b) Address 520 S. Ewing Ave17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec. 19, 1945
(Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director English Und. Co.(b) Address 2931 Lucas Ave19. (a) DEC 20 1945 (Date registered) (b) J. F. Bredeon (Registrar's signature)

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. 520 S Ewing
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1945 hour 1 minute 15 A M.21. I hereby certify that I attended the deceased from 12-5, 1945, to 12-11, 1945, that I last saw him alive on 12-11, 1945, and that death occurred on the date and hour stated above.Immediate cause of death Senility with Arteriosclerosis Duration Unk

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy No

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 _____

23. Signature D. L. Daniels (M. D. or other) _____Address 2601 N Whittier Date signed 12/12

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

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address St. Louis, Mo

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11164

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
Herman G. Phillips Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 da
(Specify whether

In this community -
years, months or days)

3. (a) PRINT FULL NAME Thomas Lewis

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex m 5. Color or race B 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased unk.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 101 hr. min.

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

10. Usual occupation unk.

11. Industry or business
 MOTHER FATHER { 12. Name
 13. Birthplace unk.
(City, town, or county) (State or foreign country)
 14. Maiden name
 15. Birthplace unk.
(City, town, or county) (State or foreign country)

16. (a) Informant
 (b) Address

17. (a) JAN 17 1946 (b) Date thereof
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director J. F. Bruback

(b) Address

19. (a) JAN 17 1946 (b) J. F. Bruback
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 17 Year 1946 hour 11 minute 45 M.

21. I hereby certify that I attended the deceased from to 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

Duration

Due to

Due to

Other conditions
(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?

While at work?
(Specify type of place) (e) Means of injury.....

23. Signature (M. D. or other)

Address Date signed

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

SUPPLEMENTARY

39444