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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

584

State File No. \_\_\_\_\_

FILED JAN 25 1946  
Registration District No. 318

Primary Registration District No. \_\_\_\_\_

Registrar's No. 430

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: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 yrs. 3 mos. 2 ds.  
(Specify whether  
In this community 44 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5400 Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRED LEWIS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Sep.

6. (b) Name of husband or wife Barbara Lewis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 22 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 11 21 hr. min.

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

10. Usual occupation Roll turner  
Steel Plant,

11. Industry or business Abraham Lewis

12. Name Abraham Lewis  
13. Birthplace not given Penn.  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Kisseler  
15. Birthplace not given Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant J. Singler  
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 1-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery  
Hy. Leidner U. Co.

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 2225 St. Louis Ave.

19. (a) JAN 15 1946 (b) J. F. Braseck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13  
year 1946 hour 4.00 minute A M.

21. I hereby certify that I attended the deceased from Dec. 15, 19 45 to Jan. 13, 19 46  
that I last saw him alive on Jan. 13, 19 46  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to Uremia 4 ds.

Due to Paresis  
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 J. Schlenker (M. D. or other) \_\_\_\_\_  
Address 5400 Arsenal Date signed 1/13/46

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

2100

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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

*John P. Buchholz*

Licensed Embalmer No. ~~1677~~ 1674

P. O. Address

2223 St. Louis Ave

**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.