E. No. 2
M—2-43
5-17-39
I X35627

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

2140

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4062

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 242

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)
In this community See above

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Hancock
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. Box 261
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEWIS, William Otis
3. (b) If veteran, name war World I
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ellen Lewis
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased September (Month) 22 (Day) 1892 (Year)
8. AGE: Years 53 Months 2 Days 2 If less than one day hr. min.
9. Birthplace Carthage (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Thomas Lewis
13. Birthplace (City, town, or county) Illinois (State or foreign country)
14. Maiden name Ella Riley
15. Birthplace (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.,
(b) Address Jefferson Barracks, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 25, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Carthage, Ill. Rail
18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway
19. (a) 1-29-46 (Date received local registrar) (b) E. G. McBarron MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24, year 1946 hour 6:25 minute A. M.
21. I hereby certify that I attended the deceased from January 16, 1946, to January 24, 1946; that I last saw him alive on January 24, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
HYPERTENSIVE HEART DISEASE WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY.	Unknown
Contributory Cause. CEREBRAL ARTERIOSCLEROSIS WITH PSYCHOSIS, TOXIC.	Unknown
NEPHRITIS, CHRONIC, WITH NITROGEN RETENTION.	Unknown
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation
Of autopsy No 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) No
(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 HARVEY E. SISK, Major, M.C., (M. D. or other)
Acting Clinical Director.
Address Vet. Adm. Hosp., Jeff. Brks. Mo. Date signed 1/24/46

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1963

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.