No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1946

State File No. 5179

Registration District No. 713 Primary Registration District No. 4185 Registrar's No.

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town St. CLAIR (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 82 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County FRANKLIN
(c) City or town St CLAIR (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT HENRY 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 ETTA LEWIS
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 13 (Day) 1864 (Year)

8. AGE: Years 81 Months 9 Days 2 If less than one day hr. min.

9. Birthplace LONEDELL (City, town, or county) MO (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business U. S. POSTMASTER
MOTHER FATHER
12. Name JOSHUA W. LEWIS
13. Birthplace ALABAMA (City, town, or county) (State or foreign country)
14. Maiden name DIANA M. LEWIS
15. Birthplace TENN. (City, town, or county) (State or foreign country)
16. (a) Informant Selma Lewis
(b) Address 4171 Hertling Place
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 19 1946 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVES
18. (a) Signature of funeral director Casey & Lenert
(b) Address St. Clair, Mo.
19. (a) 1-18-1946 (Date received local registrar) (b) E. K. Worthington (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1946 hour 12 minute A M.
21. I hereby certify that I attended the deceased from Jan 2, 19 46, to Jan 15, 19 46 that I last saw him alive on Jan 15, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coma of 5 hrs
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 W. H. Dunkel (M. D. or other)
Address Dr Comm Mo Date signed 1-18-46

(Licensed Embalmer's Statement on Reverse Side)

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

6 0 3 0

41177

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-14-46

AUG 30 1946

FEB 17 1948

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 K. M. Lesiot

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.