

I X36671

FILED MAR 27 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2601**

1. PLACE OF DEATH:

(a) County.....
 (b) City or town Saint 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.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Fred Lewis

3. (b) If veteran, name war W. W. #1

3. (c) Social Security No.....

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Feb. 17 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>0</u>	<u>29</u>	hr. _____ min. <u>0</u>

9. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation City Garbage Dept.

11. Industry or business.....

MOTHER { 12. Name Matthew Lewis

13. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Wash

15. Birthplace Seline County Mo.
(City, town, or county) (State or foreign country)

FATHER { 16. (a) Informant Maggie Frager (Mother)

(b) Address 2219 Carr St (Rear)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 21-46
(Month) (Day) (Year)

(c) Place: burial or cremation National Cemetary

18. (a) Signature of funeral director Peoples Und. Co.

(b) Address 3100 Franklin Avenue

19. (a) MAR 19 1946 (Date received local registrar)

J. J. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 2215 Walnut Street
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
 year 1946 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw h..... alive on....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Coronary Heart Disease;
Chronic Interstitial Nephritis.

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 3

23. Signature Alfred Perry (M. D. or other)
 Address 3144/46 Date signed 3/16/46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
10273

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.