

FILED MAY 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. 14943
3898
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST, Louis, MO.
(b) City or town ST, Louis, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Infirmiry Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution April 16-46
(Specify whether) to April 26-46
In this community years, months or days

3. (a) PRINT FULL NAME Andrew 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. Married
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased Oct 21 1856
(Month) (Day) (Year)

8. AGE: Years 89 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business

12. Name Unknown ?
13. Birthplace Unknown ? (City, town, or county) ? (State or foreign country)
14. Maiden name Unknown ?
15. Birthplace Unknown ? (City, town, or county) ? (State or foreign country)

16. (a) Informant City Infirmiry Records

(b) Address 5800 Arsenal ST,

17. (a) Removal (b) Date thereof 4-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Champaign, Illinois

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) Date received from registrar: APR 29 1946 (Registrar's signature) J. F. Bredsek

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town ST, Louis, MO
(If outside city or town limits, write "RURAL")
(d) Street No. 4522 Lindell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1946 hour 2 minute 05 A.M.

21. I hereby certify that I attended the deceased from 4-21 1946 to 4-26 1946
that I last saw him alive on 4-26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to Generalized Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (a) Means of injury

23. Signature J. F. Bredsek (M. D. or other) Address 5800 Arsenal St. Date signed 4/26/46

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

8688

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.