S. No. 2
M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24844

State File No.

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 1568

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Webster Groves (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: nill (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution nill (Specify whether In this community 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis

(c) City or town Webster Groves (If outside city or town limits, write "RURAL")

(d) Street No. 901 Cornell ave (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Lessie Lewright

3. (b) If veteran, name war ✓

3. (c) Social Security No. nill

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased Nov. (Month) 1 (Day) 1887 (Year)

8. AGE: Years 58 Months 10 Days 22 If less than one day hr. ✓ min.

9. Birthplace Camelton (City, town, or county) Mo-O (State or foreign country)

10. Usual occupation none

11. Industry or business "

FATHER
12. Name George Clay
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elvira Snods
15. Birthplace ? (City, town, or county) Mo n (State or foreign country)

16. (a) Informant Hattie James

(b) Address 901 Cornell Web. Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-46 (Month) (Day) (Year)

(c) Place: burial or cremation Robertsville

18. (a) Signature of funeral director J C Lewis

(b) Address 22 Euclid Webster Groves

19. (a) 7-29-46 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 23 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 4/3, 1946, to 7/23, 1946 that I last saw her alive on 7/23/46, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Endocarditis

Due to Chr. Myocarditis 93d

Due to Chr. Rheumatism

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 [illegible] (M. D. or other)

Address [illegible] Date signed 7/26/46

707

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 7 1928

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 J. R. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves 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.