

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 17 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42646

State File No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10416**

1. PLACE OF DEATH:  
(a) County City of St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Homer S. Phillip Hospital  
(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) 15 years

3. (a) PRINT FULL NAME JAMES LEWIS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race COLORED 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Peggy Lewis 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased 19 Sept 1 1984  
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Andrew Lewis

13. Birthplace Sacksbury, Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Anderson

15. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Peggy Lewis

(b) Address 1189 N. Jefferson

17. (a) Burial (b) Date thereof Dec. 9-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Rte.

18. (a) Signature of funeral director Raymond J. ...

(b) Address 3701 ...

19. (a) DEC 5 1946 (b) J. J. Benedick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9/0  
(d) Street No. 1189 N. Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) X  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2 year 1946 hour 10 minutes 50 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death 1<sup>st</sup> and 3<sup>rd</sup> Degree Burn of 95% of body when his clothing became ignited while working in his junk yard at 1189 N. Jefferson St. on Nov. 2 1946 about 8:00 P.M. No estimated damage

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 181  
Of operations \_\_\_\_\_

Of autopsy 12

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov. 2 1946

(c) Where did injury occur? St. Louis Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work 3 work (Specify type of place) (2) Means of injury to home

23. Sign Raymond J. ... (M. D. or other)

Address Raymond J. ... Date signed 12/4/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

*Henry King*

Registered Apprentice No.

*318*

working under my personal supervision.

Signed

*Lawrence E. Woodson*

Licensed Embalmer No.

*4341*

P. O. Address

*St. Louis, 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.**