

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11193

State File No.

FILED APR 14 1947
318

1003

Registrar's No. 2538

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

(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 G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma Lewis

3. (b) If veteran, ----- 3. (c) Social Security name war ----- No. -----

4. Sex Female 5. Color or race col

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

6. (b) Name of husband or wife Robert Lewis 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased December 5th 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>26</u>hr.min.

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

10. Usual occupation Domestic

MOTHER FATHER

11. Industry or business.....

12. Name Ed Vaughns

13. Birthplace Memphis Tenn.
(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 Robert Lewis

(b) Address 3426a Clark Ave.

17. (a) Burial (b) Date thereof 4/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENWOOD CEMETERY

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) APR 3 1947 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 3426 Clark Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31
year 1947 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from 3-27, 1947, to Mar. 31, 1947, that I last saw her alive on Mar. 31, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration.....

Hypertensive Cardiovascular Disease with Decompensation. Uremia

Due to.....

Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy No

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)
Means of injury.....

23. Signature Edw. B. Williams (M. D. or other).....
Address 2601 N. Whittier Date signed 3/31/47

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

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 Fulton G. Calkin

Licensed Embalmer No. 4198

P. O. Address St. Louis 13. 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.