

No. 2
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5-17-39
I X47070

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

FILED JUN 30 1947
318

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22445
Registrar's No. 5905

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County 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: St. Lukes 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 Lewis Scott Little

(b) If veteran, name war No

(c) Social Security No. 043-05-3551

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. 23, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Inspector of bank time locks

MOTHER FATHER

11. Industry or business _____

12. Name Daniel E. Little

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

14. Maiden name Sarah Harris

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

16. (a) Informant Anna Little

(b) Address 6009 Etzel Ave.

17. (a) Burial (b) Date thereof June 19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodgiamont Ave.

19. (a) JUN 17 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

J. Fred. W. Clark

(Licensed Emballer's Stamp (to be on Reverse Side))

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 080

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

(d) Street No. 6009 Etzel Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1947 hour 10.00 minute A.M.

21. I hereby certify that I attended the deceased from May 1945 to June 16 1947
that I last saw him alive on June 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Advanced chronic parenchymatous Nephritis Duration Aug 1896

Due to Acute nephritis 1947

Due to Arteriosclerosis 1945

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(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 _____

23. Signature J. Fred. W. Clark (M. D. or other) MD
Address St. Louis, Mo. (City or town) (State) (County) (City or town) (State) (County) (City or town) (State) (County)

St. Louis, Mo 6-17-47

Dr. Clark, J. Fred.
864 Hamilton Ave
CA 2354
1-4 P.M. Tues

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 *Alfred J. Brodeur*
Licensed Embalmer No. 2661

P. O. Address 1125 Hodiamont Ave.

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.