No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

25788

FILED AUG 8 1947 818 1003

State File No. 1

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 7193

**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: St. Mary's Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours (Specify whether
In this community Unknown
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3417a Walnut St. 9
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME Sallie Lewis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Colored

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

6. (b) Name of husband or wife Peter Lewis

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug. (Month) 2, (Day) 1890 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 11 | 28 | ..... hr. ..... min. |

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

10. Usual occupation Maid

11. Industry or business None

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sallie Luvenia Tunes 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Dennis Thompson
(b) Address 3417a Walnut St.

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

(c) Place: burial or cremation Greenwood, Cemetery

18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page

19. (a) AUG 2 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 30, year 1947 hour 3 minute 52 P.M.

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

| | Duration |
|---|---|
| Immediate cause of death Cerebral Apoplexy | |
| Due to | |
| Due to 83 | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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 3

23. Signature Wilfred Merry (M. D. or other)

Address [illegible] Date signed 8/2/47

(Licensed Embalmer's Statement on Reverse Side)

## 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 Claudia Nash, Registered Apprentice No. 424, working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 5432

P. O. Address 3847 Page Boul

**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.**