No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29255

State File No.

Registration District No. FILED SEP 2 1947 318

Primary Registration District No. 1003

Registrar's No. 7804

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

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: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-days (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 5939 Summit Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Catherine M. Lewis

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife John A. Lewis

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 22nd., 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	64	10	23	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Peter Cox
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Ryan
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed. H. Thornton
(b) Address 2821 Wakonda Ave.

17. (a) Burial (b) Date thereof 8-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15th.,
year 1947 hour 2 minute 09 p. M.

21. I hereby certify that I attended the deceased from Aug. 1, 1947, to Aug 15th, 1947
that I last saw her alive on Aug 15th, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	2 days
Due to: Coronary Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94a

PHYSICIAN

Underline the cause of 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 D. B. Flavan (M. D. or other) MD

Address Humboldt Bldg Date signed 8/17/47

Jefferson City Printing Co.

(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 ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.