S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35989

FILED OCT 24 1947

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 9274

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 18 days (Specify whether
In this community years, months or days)

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. 2228 Clark
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Lewis
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 31 (Day) 1862 (Year)

8. AGE: Years 85 Months 7 Days 27 If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Unknown
11. Industry or business

FATHER
12. Name Milo Lewis
13. Birthplace Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mandy Stowers
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Rhodes
(b) Address 2601 N Whittier St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk
18. (a) Signature of funeral director English Und. Co
(b) Address 2931 Lucas, ave
19. (a) OCT 7 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1947 hour 7 minute x P. M.

21. I hereby certify that I attended the deceased from Sept. 12, 1947, to Sept. 30, 1947; that I last saw him alive on Sept. 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Carcinomatosis with Obstructive Jaundice	Undet.
Primary Site-Rectum	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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 Oscar L Daniels (M. D. or other)
Address 2601 N Whittier Date signed 10/3/47

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Juneau, 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.