S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36671

State File No. 2

FILED OCT 29 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2242

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Admn. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6503 Lillian
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME LEWIS, Henry M.
3. (b) If veteran, name war SPAW
3. (c) Social Security No. 496-22-6507
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Jenny Lewis
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased November (Month) 14 (Day) 1882 (Year)

8. AGE: Years 64 Months 11 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace New Orleans, La.
(City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business —
FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar
(b) Address Jefferson Barracks, Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l Cem., Jeff. Bks., Mo.
18. (a) Signature of funeral director C. Hoffmeister & Son
(b) Address 7814 So. B'Way, St. Louis, Mo.
19. (a) 10-27-47 (Date received local registrar) (b) Cecil C. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 21 day 21st year 1947 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from October 2, 1947, to October 21, 1947; that I last saw him alive on October 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the tongue with multiple metastasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

45

Major findings:
Of operations
Of autopsy No Autopsy

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 0
Signature L. E. Stilwell (M. D.)
Address Jefferson Barracks, Mo. Date signed 10/22/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

FEB 25 1948

OCT 31 1947

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.