No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43832

FILED DEC 31 1947

Registration District No. 917

Primary Registration District No. 6076

Registrar's No. 2638

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Robert Koch Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 days (Specify whether
In this community 23 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

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

(d) Street No. 2321 Pine 9
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Calvin Lewis

3. (b) If veteran, name war

3. (c) Social Security No. 495-22-4189.

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Mary Wallace Lewis

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

7. Birth date of deceased March (Month) 25 (Day) 1906 (Year)

8. AGE: Years 41 Months 8 Days 19 If less than one day — hr. — min.

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

10. Usual occupation Laborer

11. Industry or business —

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

MOTHER
14. Maiden name Mollie Raney
15. Birthplace LA.
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Robert Koch Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Bennie Lane
(b) Address 3102 Washington Ave

19. (a) 12-19-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14
year 1947 hour 8:25 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 7, 1947 to Dec. 14, 1947 that I last saw him alive on Dec. 14, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	3½ yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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

23. Signature William C. Banton II (M. D. ~~or other~~)

Address Robert Koch Hospital Date signed 12-15-47

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

MAR 3 19

DEC 31 19

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.