

National Office of Vital Statistics
FILED MAR 4 1948

Registrar's No. **1835**

Registration District No. **318**

Primary Registration District No. **1003**

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:
4957 McPherson Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(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. **4957 McPherson Ave.,**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MIRIAM P. LEWIS.**

3. (b) If veteran, **No** name war..... 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **21**
year **1948** hour **4:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **19 April** 19**46** to **21 February** 19**48**
that I last saw him **alive** on **20 February** 19**48**
and that death occurred on the date and hour stated above. Duration

Immediate cause of death.....
Cerebral hemorrhage 12 days

Due to.....
arteriosclerosis 9 1/2

Other conditions.....
Arteriosclerotic heart disease 22 mps
(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 **T. G. Drake** (M. D. or other).....
Address **114 N. Taylor, St. Louis 8** Date signed **21 Feb 48**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Silas S. Lewis.** 6. (c) Age of husband or wife if alive **---** years
7. Birth date of deceased **Sept. 11 1865**
(Month) (Day) (Year)

8. AGE: Years **82** Months **5** Days **10**
If less than one day
..... hr. min.

9. Birthplace **Auburn, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business.....

12. Name **Thomas Parks.**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Nancy Poly.**

15. Birthplace **unknown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A.M. Tebbeths**

(b) Address **780 Radcliff., U. City, Mo.**

17. (a) **Removal** (b) Date thereof **2-23-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Auburn, Illinois**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(b) Address **7233 Delmar Blvd.**

19. (a) **FEB 24 1948** (b) **J. F. Bradeck**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

96 Charleston Plc
CA 8011

1835

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 Raymond L. Morris
..... Licensed Embalmer No. 4330

P. O. Address Maplewood, N.J.

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.