

13159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 15 1948

Registration District No. 192

Primary Registration District No. 5594

Registrar's No. 26

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Rural Meramec
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cedar Hill Mo. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jefferson
(c) City or town De Soto
(If outside city or town limits, write "RURAL")
(d) Street No. 514 N. 5th St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LESTER WALTER LEWIS
(b) If veteran, name war _____ (c) Social Security No. 493-05-1336

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27 year 1948 hour 9 minute 05 a.m.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____

4. Sex Mo 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Effie Lewis 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Oct. 24 - 1904 (Month) (Day) (Year)

that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 6 Days 3 If less than one day hr. _____ min. _____

Immediate cause of death Accidentally electrocuted
Due to Contacted live Electric wire while working on an Urban Electric Fall.
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace De Soto (City, town, or county) Mo (State or foreign country)
10. Usual occupation Lineman
11. Industry or business Union Ely. Co. of Mo.
12. Name Edward Lewis
13. Birthplace Franklin Co. Mo. (City, town, or county) (State or foreign country)
14. Maiden name Laura Alker
15. Birthplace Jefferson Co. Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 1013
110

16. (a) Informant Effie Lewis
(b) Address 514 N. 5th St De Soto Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Apr. 30 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery De Soto Mo
18. (a) Signature of funeral director Phil J. Kirk
(b) Address De Soto Mo
19. (a) April 30-48 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature) 145

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 50
(b) Date of occurrence 4/27/48
(c) Where did injury occur? De Soto Hill Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public place
While at work? yes (Specify type of place) (e) Means of injury Electric wire
23. Signature T. B. Edwards (M. D. or other) Coroner
Address De Soto Hill Mo Date signed 4/29/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9
District File Number
Date Filed MAY 14 1948

APR 18 1948

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.....
Licensed Embalmer No. 4104
P. O. Address.....

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.