

Registration District No. 318

Primary Registration District No. 1003

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

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:
Missouri-Pacific Hospital
 (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

3. (a) PRINT FULL NAME WILLIAM L. LEWIS

3. (b) If veteran, name war _____
 3. (c) Social Security No. 702-12-4409

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Grace Lewis
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 22-1883
 (Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 10
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Boiler Maker

11. Industry or business _____

12. Name James R. Lewis

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

14. Maiden name Louisa Hunt

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

16. (a) Informant Grace Lewis

(b) Address 1307 Park Avenue

17. (a) Burial (b) Date thereof 5-4-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Maxwell

(b) Address 1926 Allen Avenue

19. (a) MAY 3 1948 (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1307 Park Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2
 year 1948 hour 5 minute 45 AM/PM

21. I hereby certify that I attended the deceased from 29 APR 48
 1948 to 2 MAY 48 1948

that I last saw him alive on 1 MAY 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic damage
 Duration _____

Due to Acrobasis of the liver (Carbonic)

Due to Jaundice

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
 Underline the cause to 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Marvin J. Purcell (M. D. or other) _____

Address 1755 Grand Date signed 5-2-48

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.....

..... Me, Registered Apprentice No.....
working under my personal supervision.

Signed Benj. L. Duncan

..... Licensed Embalmer No. 2272

..... P. O. Address. 1926 Allen Avenue

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.