

FILED JUN 7 1948  
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:  
625 Tower Grove Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County oro  
(c) City or town St. Louis  
18 (If outside city or town limits, write "RURAL")  
(d) Street No. 625 Tower Grove Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

**3. (a) PRINT FULL NAME** Evalyn Lewis  
3. (b) If veteran, name war..... 3. (c) Social Security No.....  
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Benjamin Lewis 6. (c) Age of husband or wife if alive Dec'd years  
7. Birth date of deceased 10/27/1865  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month May day 27th  
year 1948 hour 10 minute 20 A.M.  
21. I hereby certify that I attended the deceased from May 10 1948 to May 26 1948  
that I last saw him alive on May 26 1948  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>7</u>	<u>0</u>	hr. _____ min.

Immediate cause of death Serulity  
Due to Arterio-Sclerosis  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

9. Birthplace Nashville Tenn  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

Major findings:  
Of operations.....  
Of autopsy.....

**MOTHER FATHER**  
11. Industry or business.....  
12. Name Henry Haslip  
13. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Walls  
15. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant Mrs. Rose Purcell  
(b) Address 3346 Edmondson Rd  
17. (a) Removal (b) Date thereof 5/29/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bourbon Mo  
18. (a) Signature of funeral director Robert J. Ambruster Inc  
(b) Address 6633 Clayton Road  
19. (a) MAY 28 1948 (b) J. J. Breddeck  
(Date received local registrar) (Registrar's signature)

23. Signature Smwell (M. D. or other) MD  
Address 1501 Manchester Ave Date signed 5/28/48

*2022/12*

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**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.

Signature *Ernest J. Pittman*

Licensed Embalmer No. *4080*

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.**