

86898

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

21085

Primary Registration District No.

1003

Registrar's No.

5601

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
 (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 JOHN LEWIS3. (b) If veteran, name war None 3. (c) Social Security No. 320-16-49244. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Separated

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

7. Birth date of deceased April 10, 1886
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
62 2 10 hr. min.9. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Engineer

11. Industry or business _____

12. Name James Lewis 913. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mr Frank Brown
(b) Address 10210 Shamrock St. Ann, Mo.17. (a) Burial (b) Date thereof 6/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Math Hermann & Son, Inc.(b) Address 2161 East Fair Ave19. (a) JUN 21 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MOU
 (c) City or town St. Louis 17
 (If outside city or town limits, write "RURAL") 9
 (d) Street No. 4212 Lexington Ave
Memorial (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th
year 1948 hour 1 minute 50 P. M.21. I hereby certify that I attended the deceased from 6/17/48
19____, to June 20th 19 48
that I last saw h. in alive on June 20th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death

Paralysis agitans
 Due to Generalized Arteriosclerosis
 Due to Arteriosclerosis Heart Disease
Benign Hypertension
 Other conditions _____
 (Include pregnancy within 3 months of death) 930

Major findings:

Of operations _____
 Of autopsy stomach

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) _____
 (Specify means of injury) _____
 23. Signature Joseph E. Elder (M. D. or other) _____
1515 Lafayette Date signed 6/20/48
 Address _____

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Allen W. Hat

Licensed Embalmer No.

373

P. O. Address.....

2161 E. Fair

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.