

FILED SEP 7 1948
Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2052

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

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town CRAYTON
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis Co. Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 DAYS
 (Specify whether years, months or days) 13 yrs.

3. (a) PRINT FULL NAME WILLIAM LEMONS
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex MALE Color or race WHITE
 6. (a) Single, widowed, married, divorced SEPARATED
 6. (b) Name of husband or wife EMMA PRICE
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 10 16 - 1892
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 10 14 hr. _____ min.

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

10. Usual occupation COAL MAN

11. Industry or business _____

12. Name THOMAS LEMONS
 13. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)
 14. Maiden name SARAH McKINNEY
 15. Birthplace UNKNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant HOSPITAL RECORDS
 (b) Address St. Louis County Hospital

17. (a) Burial (b) Date thereof 9/1/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity

18. (a) Signature of funeral director John J. Ziegler
 (b) Address 1027 Gravois Ave.

19. (a) 8-31-48 (b) Paul C. [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
 (c) City or town Gardenville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8447 GRAVOIS
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 30
 year 1948 hour 12 minute 27 P.M.
 21. I hereby certify that I attended the deceased from AUG 26, 1948, to AUG. 30, 1948;
 that I last saw him alive on AUG. 30, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death bronchopneumonia Duration 2 Day
107
 Due to hypertension

Due to subacute glomerula - nephritis 1 1/2 yrs

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

Major findings: _____
 Of operations _____

Of autopsy swollen hemorrhagic kidneys - pneumonia lungs.

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 Robert H. Hall (M. D. or other) _____
 Address 601 S. Brentwood Dr. Date signed _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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.....

Francis Owens

Licensed Embalmer No..... *2245*

P. O. Address..... *St. Louis*

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.