S. No. 300
v. 10.48

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2946

1003 State File No. 307

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St, Louis
c. LENGTH OF STAY (in this place): 50 Yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: A D O
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St, Louis
d. STREET ADDRESS (If rural, give location): I2I5a So Cardinal

3. NAME OF DECEASED (Type or Print)
a. (First): Ernestine
b. (Middle):
c. (Last): Lewis

4. DATE OF DEATH (Month) (Day) (Year): Jan. 8 1949

5. SEX: Female
6. COLOR OR RACE: Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov - - - 1897
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months 2 Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Laundy
11. BIRTHPLACE (State or foreign country): LA.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: Robert Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Robert Lewis — ADDRESS: I2I5aSo Cardin

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Nephrosclerosis with Uremia — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Undetermined
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-24, 1948, *to* 1-8, 1949, *that I last saw the deceased alive on* 1-8, 1949, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert J Erwin M. D.
23b. ADDRESS: 2601 N Whittier St
23c. DATE SIGNED: 1/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Buril
24b. DATE: Jan. 13-49
24c. NAME OF CEMETERY OR CREMATORY: Washington Park
24d. LOCATION (City, town, or county) (State): St Louis County MO

DATE REC'D BY LOCAL REG.: JAN 11 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: S. A. Watson — ADDRESS: 2769 Chouteau

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Signed L. J. Hatton

Signed _____
Student Embalmer

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau, Ave

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.