

FILED DEC 28 1943
Registration District No. **28148**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town _____
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Lewis Dernier
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tillie Dernier
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June 13 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 23 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Decorator- paperhanger

11. Industry or business retired

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Tillie Dernier

(b) Address 3727 Evans avenue,

17. (a) Burial (b) Date thereof Dec-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director A. Dixon L. U. Co

(b) Address 2707 N Grand Blvd

19. (a) DEC 7 1943 (b) JF Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3727 Evans ave (If rural, give location) 711
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1943 hour 11:10 minute P. M.

21. I hereby certify that I attended the deceased from December 2nd, 1943 to December 6th, 1943
that I last saw him alive on December 6th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC FAILURE Duration 10 Days

Due to ARTERIO-SCLEROTIC HEART DISEASE ?

Due to _____

Other conditions: (Include pregnancy within 3 months of death) 9/2

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) Means of injury 0

23. Signature Gray U. Steinhilber (M. D. or other) M. D.

Address 1515 SAFAYETTE Date signed 12-7-43

STATE

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 W. E. Morris

Licensed Embalmer No. 3360

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.