S. No. 2
M--2-43
v. 5-17-39
I X3365

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1945

State File No. 22398

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 6020

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Kirkwood (If outside city or town limits, write "RURAL") 4

(d) Street No. 1008 N. Woodlawn 3 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) NR.

If yes, name country

3. (a) PRINT FULL NAME Lewis A Painter Sr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 22 (Day) 1881 (Year)

8. AGE: Years 63 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Mound City (City, town, or county) Ills. (State or foreign country)

10. Usual occupation Oil Promoter

11. Industry or business Oil

MOTHER FATHER

12. Name William Painter

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

14. Maiden name Elvira Kennedy

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

16. (a) Informant Mrs Ruth B Johnson

(b) Address 1008 N. Woodlawn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-45 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director Louis H Bopp Jr

(b) Address Kirkwood Mo

19. (a) JUL 11 1945 (Date received local registrar) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1945 hour 12 minute 30 AM.

21. I hereby certify that I attended the deceased from April 23, 1945, to July 9, 1945, that I last saw him alive on July 8, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Prostate gland	?
Due to: Metastasis Ca Bony Pelvis	?
Due to: Pathological fracture left femur	2 mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Ca of Prostate gland.	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W W Thamlowsky M.D. (M.D. or other)

Address 986 Arcade Bldg Date signed 7/9/45

(Licensed Embalmer's Statement on Reverse Side)

6020

6020

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 Ian M Szimor

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl. Maplewood Mo

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.