

No. 300
M-10-47
v. 5-17-39
I 3908

FILED JAN 11 1949 **318**

Registration District No. _____ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

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

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Eva Lewis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Lewis

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 11 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>6</u>	<u>12</u>	hr. min.

9. Birthplace Fredericktown, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Hospital Attendant

11. Industry or business State Hosp. # 4

12. Name John Underwood

13. Birthplace Madison County Mo
(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 Edgar Lewis

(b) Address Flat River, Mo

17. (a) Burial (b) Date thereof Dec-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christain Cem

18. (a) Signature of funeral director Sparks

(b) Address Flat River, Mo

19. (a) DEC 29 1948 (b) J. B. Lancaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23
year 1948 hour 4 AM minute 20 AM

21. I hereby certify that I attended the deceased from December 11
19 48 to December 23 19 48;
that I last saw h. er alive on December 23 19 48;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to pyemiasis not determined

Due to _____

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

Major findings:
Of operations _____

Of autopsy As above

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? _____

23. Signature FR Bradley (M. D. or other) _____
Address Barnes Hospital Date signed 12/23/48

Duration ?

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 Murphy Lepore
Licensed Embalmer No. 4236
P. O. Address Flat River, 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.