

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED MAY 31 1946
318

Registrar's No. 1584

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
4264 West Pine /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aae

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4264 West Pine
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mildred Lewis

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased Dec. 31 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1946 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from April 10 1946 to May 19 1946
that I last saw her alive on May 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

8. AGE: Years Months Days If less than one day

70	4	18	hr. min.
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Due to Cancer of breast 2 years

9. Birthplace Duncan Co. Missouri
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Housewife

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

11. Industry or business _____

MOTHER FATHER

12. Name Aliza Burr

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

14. Maiden name Martha Reed

15. Birthplace Doe Run Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Louise Burr

(b) Address 5105a St. Louis

17. (a) Burial (b) Date thereof 5-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cape Girardeau, Mo.

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? _____

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 21 1946 (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Elmore (M. D. or other) _____

Address 607 W. 11th St. Date signed 5/21/46

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.....

Henry M. Brammer

Licensed Embalmer No.....

4200

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.