FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20644

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
c. LENGTH OF STAY (in this place): Life time
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1021 Monroe Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Charles
d. STREET ADDRESS (If rural, give location): 1021 Monroe Street

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

4. DATE OF DEATH (Month) (Day) (Year): June 17 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: August 1, 1869
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (retired)
10b. KIND OF BUSINESS OR INDUSTRY: St. Charles Gas Co
11. BIRTHPLACE (State or foreign country): St. Charles, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Francis A. Lewis
13b. MOTHER'S MAIDEN NAME: Elizabeth Hillier
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-03-3672
17. INFORMANT'S SIGNATURE OR NAME: Bernard Brockgreitens — ADDRESS: St. Peters, Mo.

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) Valvular disease of heart mitral regurgitation — INTERVAL BETWEEN ONSET AND DEATH: 2 Mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Debility
DUE TO (c) Valvular disease of heart causes not determined.

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

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ~~in the home~~
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Charles
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* Mar 23, 1949, *to* June 12, 1949, *that I last saw the deceased alive on* June 12, 1949, *and that death occurred at* 7 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Will. L. Freeman M.D.
23b. ADDRESS: 205 N. 6th St St Charles Mo
23c. DATE SIGNED: June 18 1949

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 21-1949
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): St. Charles, Missouri

DATE REC'D BY LOCAL REG.: 6-22-49
REGISTRAR'S SIGNATURE: Fannie Hamilton
25. FUNERAL DIRECTOR'S SIGNATURE: H. C. Hallmeyer & Sons Co
ADDRESS: 800 N. 2nd--St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 27 1949
District Health Officer No. 9
District File Number.....

JUL 1 1949

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 ..... Student Embalmer

Signed Joseph F Landolt

Licensed Embalmer No. 4189

P. O. Address St. Charles M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.