

FILED AUG 6 1949

STANDARD CERTIFICATE OF DEATH

5308 State File No. 24178

79

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 4392 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glarissant</u> 10	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>600 South Flaming Rd</u>	
3. NAME OF DECEASED a. (First) <u>MIDDLE</u> b. (Middle) <u>Sister</u> c. (Last) <u>LEWIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 29 1892</u>
9. AGE (In years last birthday) <u>56</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>	
11. BIRTHPLACE (State or foreign country) <u>Warrenton MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Bennett</u>	
14. NAME OF HUSBAND OR WIFE <u>Helen Lewis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Wardman I</u>	
16. SOCIAL SECURITY NO. <u>492-224428</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Helen Jane Peiker</u> ADDRESS <u>4303 St. John Ave. St. Louis, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>INTERNAL MEMBRANE OF CHEST</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GUNSHOT WOUND</u> <u>FROM 16 9A. SHOT GUN</u> DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. AGONY SOURCE HOMICIDE (Specify) <u>HOMICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM BARN</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jonesbury - Bear Creek - Montgomery MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 25 1949 10:30 A.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>WOOD INFLICTED BY HENRY JELK</u>	
22. I hereby certify that I attended the deceased from <u>25 July</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Clement W. Sumner, DDS</u>		23b. ADDRESS <u>Montgomery City, MO</u>	
23c. DATE SIGNED <u>25 July 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 28 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Warrenton</u>		24d. LOCATION (City, town, or county) (State) <u>Warrenton MO</u>	
DATE REC'D BY LOCAL REG. <u>July 28-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. May Miller</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl A. Harding</u>		ADDRESS <u>Jonesbury</u>	

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

AUG 15 1949

RECEIVED
SEP 15 1949

District Health Officer No. 9,
District File Number

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 Carl A. Farkley

Signed _____
Student Embalmer

Licensed Embalmer No. 4115

P. O. Address Lowell, Mass

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.