

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31943

| | | | | | | | |
|---|---------------------------|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 8042 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) St. Louis | | d. STREET ADDRESS (If rural, give location) 4126a Lafayette Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4126a Lafayette Ave. / | | | | d. STREET ADDRESS (If rural, give location) 4126a Lafayette Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Fred | | b. (Middle) W. | | c. (Last) Lewis | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1949 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH June 6, 1884 | | 9. AGE (in years last birthday) 65 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) Asst. Comptroller | | 10b. KIND OF BUSINESS OR INDUSTRY C. & E.I. R.R. | | 11. BIRTHPLACE (State or foreign country) Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Hiram Lewis | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Nattie G. Lewis | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nattie G. Lewis - 4126a Lafayette | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>coronary thrombosis</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic myocarditis</i> DUE TO (c) <i>u. nephritis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <i>6:45 P.M.</i> <i>1941</i> <i>1946</i> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <i>no operation</i> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <i>181</i> | | 21f. HOW DID INJURY OCCUR? <i>592X</i> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <i>592X</i> | | | |
| 22. I hereby certify that I attended the deceased from <i>1941</i> to <i>9/15</i> , 1949, that I last saw the deceased alive on <i>9/14</i> , 1949, and that death occurred at <i>6:45 P.M.</i> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>J. J. Homan</i> (Degree or title) <i>M.D.</i> | | | | 23b. ADDRESS <i>4903 Delmar</i> | | 23c. DATE SIGNED <i>Sept 16, 1949</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i> | | 24b. DATE <i>9/19/49</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i> | | 24d. LOCATION (City, town, or county) (State) <i>St. Louis; County, Mo.</i> | |
| DATE REC'D. BY LOCAL SEP 17 1949 | | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Drehmann-Harral - 1905 Union Blvd.</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. S. Homan (1-3)
4903 Delmar Blvd.

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.

Student
Student Embalmer

Signed Albert R. Thompson Jr.

Licensed Embalmer No. 4637

P. O. Address St. Louis

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.