

FILED OCT 19 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH 3063

35740

State File No. _____

BIRTH NO. _____

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. ~~Missouri~~

Registrar's No. 4655

1. PLACE OF DEATH a. COUNTY St. Louis County			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis County		
b. CITY (If outside corporate limits, write RURAL and give town) St. CLAYTON		c. LENGTH OF STAY (in this place) 27	c. CITY (If outside corporate limits, write RURAL and give township) Vinita Terrace Village, St. L. Co., Mo.		d. STREET ADDRESS (If rural, give location) 8017 Washington Ave.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Russell b. (Middle) Boggan c. (Last) Lewis			4. DATE OF DEATH (Month) (Day) (Year) Oct 2 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1903	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 10
IF UNDER 1 YEAR Days 21	IF UNDER 1 HRS. Hours 1	IF UNDER 1 HRS. Min. 1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Representative		10b. KIND OF BUSINESS OR INDUSTRY Sporting Goods
11. BIRTHPLACE (State or foreign country) East Prarie, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.			
13a. FATHER'S NAME Claude Lewis		13b. MOTHER'S MAIDEN NAME Lessie Russell		14. NAME OF HUSBAND OR WIFE Mollie Wallace Lewis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Mollie Wallace Lewis ADDRESS 8017 Wash. Ave. Vinita Terrace Village St. L. Co., 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) Crushing chest injuries, concussion, shock & internal injuries-operating automobile which collided with another automobile. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) another automobile. DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 8017: 4		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lindberg & Ladue	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis County, Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 2 49 A m.
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? See above			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Ernest W. Wellmann, Coroner (Degree or title)			23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 10/3/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 4, 1949	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		24d. LOCATION (City, town, or county) (State) Bell City, Missouri	
DATE REC'D BY LOCAL REG. 10-3-49	REGISTRAR'S SIGNATURE Herbert R. Douber		25. FUNERAL DIRECTOR'S SIGNATURE Walter M. ... ADDRESS 6633 Clayton Rd. St. Louis 17, Mo.		

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

L-1

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 *Ernest W. Gillers*

Licensed Embalmer No. *14080*

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.