

FILED FEB 15 1950

STANDARD CERTIFICATE OF DEATH

2733
State File No. 969

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 969

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 969

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|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY St. Louis | |
| 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) OR TOWN Affton 4860 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | | | | |
| d. STREET ADDRESS (If rural, give location) 3850 Huntington Lane | | | | | |

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|-------------------------------------|--|-----------------|--|--------------------|--|-----------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Mary | | b. (Middle) Evelyn | | c. (Last) Lewis | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1950 | | |
|-------------------------------------|--|-----------------|--|--------------------|--|-----------------|--|---|--|--|

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|---------------|------------------------|--|---------------------------------|------------------------------------|--|---|-----------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Sept. 28, 1922 | 9. AGE (in years last birthday) 27 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hat Maker | 11. BIRTHPLACE (State or foreign country) Franklin Co., Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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|--------------------------------------|--|--|--|---|--|
| 13a. FATHER'S NAME Robert F. Burlage | | 13b. MOTHER'S MAIDEN NAME Julia Phillips | | 14. NAME OF HUSBAND OR WIFE John W. Lewis | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME John W. Lewis, 3850 Huntington Lane | | ADDRESS 3850 Huntington Lane |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis | | INTERVAL BETWEEN ONSET AND DEATH 20 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombo-Phlebitis legs | | 3 mos. |
| | DUE TO (c) Intestinal obstruction Partial (volvulus) | | ? |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) none | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5703 |
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|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Nov 19, 1949, to Jan 29, 1950, that I last saw the deceased alive on Jan 28, 1950, and that death occurred at 4:25 m., from the causes and on the date stated above.

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|-------------------------------------|-------------------|-----------------------------------|--------------------------|
| 23a. SIGNATURE C. Rush McAdam, M.D. | (Degree or title) | 23b. ADDRESS 906 Olive, St. Louis | 23c. DATE SIGNED 1-30-50 |
|-------------------------------------|-------------------|-----------------------------------|--------------------------|

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|---|-------------------|------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 1-29-50 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Lone Dell, Mo. |
|---|-------------------|------------------------------------|--|

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| DATE REC'D BY LOCAL REG. JAN 30 1950 | REGISTRAR'S SIGNATURE | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. | ADDRESS |
|--------------------------------------|-----------------------|---|---------|

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

JAN 30 1950

(Licensed Embalmer's Statement on Reverse Side)

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed E. C. R. Remelars

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.