

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10739
State File No. 2512
Registrar's No. 1005

BIRTH NO. _____		REG. DIST. NO. 318		TERRITORY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY ST. LOUIS MO.			2. USUAL RESIDENCE (Where born and received. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION DIED AT HOME. 3525 N. 25th			e. STREET ADDRESS (If rural, give location) 20 - 3525 N. 25TH AVE. 2nd 0		
3. NAME OF DECEASED (Type or Print) a. (First) WILFORD. b. (Middle) _____ c. (Last) LEWIS.			4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH Feb. 3, 1907	9. AGE (In years last birthday) 43 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) Invalid all his life.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Green County, Ill.	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME George W. Lewis		13b. MOTHER'S MAIDEN NAME Korlene W. Shermer		14. NAME OF HUSBAND OR WIFE _____	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Korlene W. Lewis, 3525 25th, rear	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Spastic Paraplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) 351X (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 3-10 , 19 50 , to 3-14 , 19 50 , that I last saw the deceased alive on 3-14 , 19 50 , and that death occurred at 8:30 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE L. Herrem (Degree or title) M.D.			23b. ADDRESS 1515 Lafayette		23c. DATE SIGNED 3-14-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3-16-1950	24c. NAME OF CEMETERY OR CREMATORIUM Bethany		24d. LOCATION (City, town, or county) (State) St. Louis, Mo
DATE REC'D BY LOCAL REG. MAR 16 1950		REGISTRAR'S SIGNATURE J. B. Sartor		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis	

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Delia J. Kasper

Signed.....
Student Embalmer

Licensed Embalmer No.....

3497

P. O. Address.....

1936 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.