

FILED JUL 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20723

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 54		
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOUSE SPRINGS		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		2239		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BIG RIVER				d. STREET ADDRESS (If rural, give location) 5205 S. 3rd				
3. NAME OF DECEASED (Type or Print) a. (First) LORETTA			b. (Middle)		c. (Last) LEWIS		4. DATE OF DEATH (Month) / (Day) (Year) JULY / 4 1950	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept 19-1934	9. AGE (In years last birthday) 15	IF UNDER 1 YEAR Months 9	IF UNDER 1 HRS. Days 15	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME HENRY EDWARDS			13b. MOTHER'S MAIDEN NAME DOROTHY SLACK		14. NAME OF HUSBAND OR WIFE CHARLES 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. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS EDWARD SLACK 2204 83rd St. Louis				
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) DROWNING 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 9298 42	
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) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) BIG RIVER		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) HOUSE SPRINGS JEFFERSON MO.				
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY JULY 4 1950 4P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Inmate while floating over Rockford Res. Dam Accidentally Drowning				
22. I hereby certify that I attended the deceased from _____, 19____, to July 5, 19 50, 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 Daniel D. Mohr (Degree or title) 3				23b. ADDRESS Dept. Mo.		23c. DATE SIGNED 7/5/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-7-50		24c. NAME OF CEMETERY OR CREMATORY Mount Hope		24d. LOCATION (City, town, or county) (State) St. Louis County, MO.		
DATE REC'D BY LOCAL REG. 7/5/50		REGISTRAR'S SIGNATURE Mrs. Ruth Cisa 438		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Laughlin Funeral Home 2301 Lafayette				
Or John Brimmer (Licensed Embalmer's Statement on Reverse Side)								

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 7-10-80

JUN 12 1980

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 _____

James C. Chapman

Signed.....
Student Embalmer

Licensed Embalmer No. *4850*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.