

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5498

21742

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No.							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Was deceased lived. If institution: residence before admission.) a. STATE 3836 Finney				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2119									
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				11. STREET ADDRESS 3836 Finney									
3. NAME OF DECEASED (Type or Print) a. (First) Dave			b. (Middle)			c. (Last) Lewis			4. DATE OF DEATH (Month) (Day) (Year) June 21 1950				
5. SEX M. Negro		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown 74		9. AGE (In years) at birthday		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) Labor				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Arkansas			12. CITIZEN OF WHAT COUNTRY? America		
13a. FATHER'S NAME Winston Lewis				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Victory 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. 489-18-16998		17. INFORMANT'S SIGNATURE OF NAME Victory Lewis 3836 Finney				ADDRESS			
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.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) Congestive failure 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH Undet.	
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) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR HH3X							
22. I hereby certify that I attended the deceased from 6-16, 1950, to 6-21, 1950, that I last saw the deceased alive on 6-21, 1950, and that death occurred at 10:06a m., from the causes and on the date stated above.													
23a. SIGNATURE Arthur J. Hedrick, D.O.						23b. ADDRESS 2601 N Whittier St			23c. DATE SIGNED 6-21-50				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-26-50		24c. NAME OF CEMETERY OR CREMATORY Washington				24d. LOCATION (City, town, or county) (State) St. Louis 60 mo					
DATE REC'D BY LOCAL REG. JUN 24 1950		REGISTRAR'S SIGNATURE J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE Jackson Funeral Home 2649 Delmar							

(Licensed Embalmer's Statement on Reverse Side)

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

Edward G. Flynn

Signed.....

Student Embalmer

Licensed Embalmer No.

4444

P. O. Address

45482 Rd

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.

Lu 7664