

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28405

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7028**

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY _____ | | 2. USUAL RESIDENCE (Where deceased lived. 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 | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION En route to Homer Phillips | | d. STREET ADDRESS (If rural, give location) 4618 Olive St. | |

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|-------------------------------------|----------------------------|---------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Magnolia | b. (Middle) Lemard | c. (Last) Lewis | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 14, 1950 |
|-------------------------------------|----------------------------|---------------------------|------------------------|---|

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|----------------------|-------------------------------|---|-------------------------------------|---|--------------------------|---------------------------|---|
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH May 4, 1903 | 9. AGE (In years last birthday) 47 | 10 UNDER 1 YEAR 9 | 11 UNDER 1 YEAR 10 | 12. CITIZEN OF WHAT COUNTRY? USA |
|----------------------|-------------------------------|---|-------------------------------------|---|--------------------------|---------------------------|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | 10b. KIND OF BUSINESS OR INDUSTRY Housework | 11. BIRTHPLACE (State or foreign country) Jericho, Ark. |
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| 13a. FATHER'S NAME Frank Scott | 13b. MOTHER'S MAIDEN NAME Mary Dandridge | 14. NAME OF HUSBAND OR WIFE Deceased |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 490-32-7308 | 17. INFORMANT'S SIGNATURE OR NAME Frankie Lewis | ADDRESS 1004 So. 43rd |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) (Atherosclerosis) | | |
| 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) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
|---|--|---------------------------------------|
| 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 H201 |
|---|--|---------------------------------------|

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 **140 P.** m., from the causes and on the date stated above.

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|---|--------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) Patrol E. Taylor, Cor | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 8.17.50. |
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|---|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Remove | 24b. DATE 8-20-1950 | 24c. NAME OF CEMETERY OR CREMATORY Booker Washington | 24d. LOCATION (City, town, or county) (State) East St. Louis, Ill. |
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| DATE REC'D BY LOCAL REG. AUG 18 1950 | REGISTRAR'S SIGNATURE J. B. Foster | 25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Nosh | ADDRESS 784 N. Page |
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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

Philip B. Woods
working under my personal supervision.

Student Embalmer No. 371

Student Philip B. Woods
Student Embalmer

Signed C. J. Mosk

Licensed Embalmer No. 2432

P. O. Address 3849 Page

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.