

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No.

28406

318

PRIMARY REG. DIST. NO.

Registrar's No. 6918

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 6918	
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. LENGTH OF STAY. (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis 2099		d. STREET ADDRESS (If rural, give location) 907 Angelica	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Mamie		b. (Middle) C		c. (Last) Lewis		4. DATE OF DEATH (Month) (Day) (Year) August 13 1950	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 7 1883 1883	
9. AGE (In years) (Month) (Day) (Year) 67 62		10. 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) Newport, Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Hensley		13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Henry 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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Lewis 907 Angelica			
18. CAUSE OF DEATH (Enter only one cause per number (a), (b), and (c)) <i>This does not mean as made of dying, such as heart failure, asthenia, etc. It means the disease, injury or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, general DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 yr unknown -	
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) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H22,1					
22. I hereby certify that I attended the deceased from Nov 10, 1944 to Aug 13, 1950 , that I last saw the deceased alive on Aug 13, 1950 , and that death occurred at 12:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank A. Bailey M.D.				23b. ADDRESS 3108 So. Grand Blvd.		23c. DATE SIGNED 8-14-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 8/15/50		24c. NAME OF CEMETERY OR CREMATORY Jim Henry Cemetery		24d. LOCATION (City, town, or county) (State) Eugene Missouri	
DATE REC'D BY LOCAL REG. AUG 15 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John L. Igenhein & Sons 7027 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

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

8169

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

W. L. Peterson

Signed.....

Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. **28406-50**

State of..... }
County of..... } ss.

Local Registrar's No. **6918**

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 19....., before me appears.....

....., who, upon..... oath, states that the original record of birth death
for **Mamie C. Lewis** died **8-13-1950**, 19....., in the State of
~~xxxx~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. **8** should read **May 7 1888**

Instead of..... **May 7 1883**

Item No. **9** should read **Age 62**

Instead of..... **Age 67**

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant **Gustav Wagenfacht** **Fun. Dir.**

John L. Ziegenfuss
Relationship

7027th Gravois

Present Address.

Subscribed and sworn to before me this **5** day of **October**, 19**50**

My Commission expires..... **Paul J. Adcock** Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.