No. 300
10.46

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28893

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 1955

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
c. LENGTH OF STAY (in this place): 45
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S.Marine Hospital, Kirkwood, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau 0164
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Jake
b. (Middle): W.
c. (Last): Lewis

4. DATE OF DEATH (Month) (Day) (Year): August 13, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 7
8. DATE OF BIRTH: March 16, 1903
9. AGE (In years last birthday): 47 — 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): Oiler
10b. KIND OF BUSINESS OR INDUSTRY: Seaman
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles E. Lewis
13b. MOTHER'S MAIDEN NAME: Lizzie Kirby
14. NAME OF HUSBAND OR WIFE: Mrs. Pansy Lewis (Wife)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-05-7997
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: U. S. Marine Hospital, Kirkwood, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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): Enteritis due to unknown cause — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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.*
Peritonitis, acute
Adenocarinoma, rectum
154X

19a. DATE OF OPERATION: July 19, 1950
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, rectum
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): x
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): x
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): x m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: x

22. *I hereby certify that I attended the deceased from* June 29, 1950, *to* August 13, 1950, *that I last saw the deceased alive on* August 13, 19 50, *and that death occurred at* 9:35a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. G. Hanowell, S.A. Surg., USPHS 0
23b. ADDRESS: U.S.Marine Hospital, Kirkwood, Mo.
23c. DATE SIGNED: 8/14/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 11
24b. DATE: 8-13-50
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG.: 8-14-50
REGISTRAR'S SIGNATURE: Herbert R Donke M D
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 20 1950

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 Me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Geo W Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

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

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