

FILED NOV 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38751
Registrar's No. 9709

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 2 Mo. 17 Days		d. STREET ADDRESS (If rural, give location) 5745 Labadie Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary			

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Jackson c. (Last) Lewis			4. DATE OF DEATH (Month) (Day) (Year) Nov. 14, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Nov. 28, 1878	9. AGE (In years last birthday) 72	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) Worker		10b. KIND OF BUSINESS OR INDUSTRY Stockyards		11. BIRTHPLACE (State or foreign country) Covington, Tenn. /		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME A. J. Lewis		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Lula	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Hill, 5745 Labadie Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Organic Brain Disease due to Generalized Arteriosclerosis		MEDICAL CERTIFICATION Organic Brain Disease due to Generalized Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Chronic Bronchitis c Emphysema			
	DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				

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? 502.1	

22. I hereby certify that I attended the deceased from 8-28-50, 19 50 to 11-14, 19 50, that I last saw the deceased alive on Nov. 14, 1950, and that death occurred at 2:25 p. m., from the causes and on the date stated above.

21a. SIGNATURE Palmer Duane Bowditch M.D.		21b. ADDRESS 5800 Arsenal Street		21c. DATE SIGNED 11-14-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-16-50		24c. NAME OF CEMETERY OR CREMATORY Memphis, Tenn.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. Nov 15 1950		REGISTRAR'S SIGNATURE J. B. Parater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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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 me

working under my personal supervision.

Student Embalmer No.

Signed

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address A. Hunter

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.