

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 18 1950

State File No. **42521**
10332
Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY J.239	
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: St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) 913 Ann	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) _____ c. (Last) Lewis			4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 7, 1887
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
10a. 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) Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joe Adams	
13b. MOTHER'S MAIDEN NAME Sarah Vaughan		14. NAME OF HUSBAND OR WIFE Elliott Lewis	
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) none	
17. INFORMANT'S SIGNATURE OR NAME Elliott Lewis		ADDRESS 913 Ann	
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hemorrhage		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. In a fall, suffered while drunk by automobile driver by impact of seals at intersection of Russell and		7:45 pm	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Murard Str. around		Dec 2 1950	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SOIIDE accident		21b. PLACE OF INJURY (e.g., in or about home, farm, garage, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 64124			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 2 5:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? ooo		Dec 2 5:30	
22. I hereby certify that I attended the deceased from 2 19 to _____, 19 _____, that I last saw the deceased alive on _____, 19 _____, and that death occurred at 2:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Gabriel B. Taylor		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12 4 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 12-4-50	
24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Desloge, Missouri	
DATE REC'D BY LOCAL REG. DEC 4		REGISTRAR'S SIGNATURE J. B. Fasater	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

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 [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St Charles, Mo

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.