

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

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43212

Reg. 89806

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2936

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (in this place) 25 days		2060	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. STREET ADDRESS (If rural, give location) 5042 Minerva St.	

3. NAME OF DECEASED (Type or Print) CHARLES	a. (First)	b. (Middle) P.	c. (Last) LEWIS	4. DATE OF DEATH (Month) (Day) (Year) 12/3/50
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 3/7/99	9. AGE (In years last birthday) 51	# UNDER 1 YEAR Months	YEAR Days	# UNDER 12 HRS. Hours	MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Army Record Center	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Toronto, Canada 2	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Lewis	13b. MOTHER'S MAIDEN NAME Lucinda Arnold	14. NAME OF HUSBAND OR WIFE Harriet Lewis
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World I	16. SOCIAL SECURITY NO. 333-01-8208	17. INFORMANT'S SIGNATURE OR NAME ADDRESS V. A. HOSPITAL RECORDS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 89089 45
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUB-DURAL HEMATOMA		
	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.			

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 (Specify) SUICIDE / HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, public place) VA HOSP. JEFF. BRKS. MO.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JEFFERSON BARRACKS, MISSOURI
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 3 VA 50 6A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR While attempting to reach a window TO BE DETERMINED
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22. I hereby certify that I attended the deceased from 11/9, 1950, to 12/3, 1950, that death occurred at 7:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE L.E. Stilwell	(Degree or title) M.D.	23b. ADDRESS V. A. HOSP. JEFF. BRKS. MO.	23c. DATE SIGNED 12-4-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-7-50	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
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DATE REC'D BY LOCAL REG. 12/5/50	REGISTRAR'S SIGNATURE Herbert R. Donke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ALBERT H. HOPPE, Inc. St. Louis, Mo.
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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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Edson M. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

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

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