

No. 300
10-48

FILED FEB 23 1951
REG # 90710

STANDARD CERTIFICATE OF DEATH

State File No. **7092**
Registrar's No. **357**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST FRANKFORT	
c. LENGTH OF STAY (In this place) 40 DAYS		d. STREET ADDRESS (If rural, give location) RURAL ROUTE # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) E. c. (Last) LEWIS	4. DATE OF DEATH (Month) (Day) (Year) JAN 29, 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-22-13	9. AGE (In years last birthday) 37	10. UNDER 1 YEAR Months 1 Days 7	11. UNDER 24 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) JEFFERSON COUNTY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME LEE LEWIS	13b. MOTHER'S MAIDEN NAME ELLEN PEELER	14. NAME OF HUSBAND OR WIFE GLADYS 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 WW-II	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) RHEUMATIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 8 YRS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction		
	DUE TO (c) A.S.H.D. (supp. report)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GANGRENE OF LEFT LEG DUE TO EMBOLISM		2 MOS	

19a. DATE OF OPERATION 12-13-50	19b. MAJOR FINDINGS OF OPERATION GANGRENE LEFT LEG (LEFT MID-THIGH AMPUTATION)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-21-50**, 19**50**, to **1-29-51**, ~~from the time of death to the time of burial~~ and that death occurred at **9:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dean R. Taylor, M.D.	23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	23c. DATE SIGNED 1-29-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Feb 2, 1951	24c. NAME OF CEMETERY OR CREMATORY Casper	24d. LOCATION (City, town, or county) (State) Union County Ill.
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DATE REC'D BY LOCAL REG. 2/2/51	REGISTRAR'S SIGNATURE Herbert R. Lomke	25. FUNERAL DIRECTOR'S SIGNATURE JOE F. Van Matra	ADDRESS Carbondale, Ill.
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(Licensed Embalmer's Statement on Reverse Side)

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

4000

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.