S. No. 300
V. 10-48

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10879

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 747

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 2219
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2727 Lawton

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

4. DATE OF DEATH (Month) (Day) (Year): Mar. 18 1951

5. SEX: Male
6. COLOR OR RACE: Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 7, 1900
9. AGE (In years on last birthday): 51
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): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Country Club
11. BIRTHPLACE (State or foreign country): Kahoma, Mississippi
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Lewis
13b. MOTHER'S MAIDEN NAME: Minnie Wilson
14. NAME OF ~~HUSBAND OR~~ WIFE: Rennie Lewis

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.: 494-01-1644
17. INFORMANT'S SIGNATURE OR NAME: Rennie Lewis
ADDRESS: 2727 Lawton

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Depressed Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 34 days

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. Bronchopneumonia + Hepatic Cancer

19a. DATE OF OPERATION: 2-17-51
19b. MAJOR FINDINGS OF OPERATION: Depressed Skull Fracture
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Country Club
21c. (CITY, TOWN, OR TOWNSHIP): Normandy (COUNTY): St. Louis (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 14, 1951 7 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Gas Oven Exploded

22. *I hereby certify that I attended the deceased from* Feb. 14, 1951, *to* Mar 18, 1951, *that I last saw the deceased alive on* Mar 18, 1951, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature]
(Degree or title): M.D.
23b. ADDRESS: 601 S. Brentwood, Clayton, Mo.
23c. DATE SIGNED: 3-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-24-51
24c. NAME OF CEMETERY OR CREMATORY: Oakdale
24d. LOCATION (City, town, or county): LeMay (State): Mo

DATE REC'D BY LOCAL REG.: 3/23/51
REGISTRAR'S SIGNATURE: Herbert R. Lomke M.D. Jr.
25. FUNERAL DIRECTOR'S SIGNATURE: E. B. Koonce
ADDRESS: 1221 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Clarence Crooms

Licensed Embalmer No. 475-5

P. O. Address 1221 N G[illegible]

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.