

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24814

State File No.

FILED JUL 26 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6221

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST LOUIS</u>		c. LENGTH OF STAY (In this place) <u>18</u> OR TOWN <u>ST LOUIS</u> <u>2189</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3527 MARKET</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) <u>A</u> c. (Last) <u>Jones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 1951</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>10-27-1892</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>CNK NOWA 9</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CNK NOWA</u>	13b. MOTHER'S MAIDEN NAME <u>CNK NOWA</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WW1 9-2-18 8-7-19</u>	16. SOCIAL SECURITY NO. <u>489-28431</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alice Clark</u> ADDRESS <u>3527 MARKET</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Right lower Lobar Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Undetermined</u>		
ii. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		DUE TO (c) <u>Emaciation</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H90X</u>
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22. I hereby certify that I attended the deceased from 7-7, 19 51 to 7-10, 1951, that I last saw the deceased alive on 7-10, 1951, and that death occurred at 9:15a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Sarles W Harris</u>	23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>7-11-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>	24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS MO</u>
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DATE FILED BY LOCAL REGISTRAR'S SIGNATURE <u>J.B. Casater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennie Ford</u> ADDRESS <u>3103 Washington</u>
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *A. Claude Gordo*

Licensed Embalmer No. *3489*

P. O. Address *4575 Alde*

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.