

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24913**  
**6203**  
Registrar's No.

BIRTH NO.		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6203</b>			
1. PLACE OF DEATH a. COUNTY <b>0</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2229</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>				d. STREET ADDRESS (If rural, give location) <b>1313a Park Ave.</b> <b>0</b>					
3. NAME OF DECEASED (Type or Print) <b>GEORGE</b>			a. (First) <b>A.</b>		b. (Middle)		c. (Last) <b>LEWIS</b>		
4. DATE OF DEATH		(Month) <b>JULY</b>		(Day) <b>10</b>		(Year) <b>1951</b>			
5. SEX <b>Male 0</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 20, 1875</b>			
9. AGE (In years last birthday) <b>75</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>			11. BIRTHPLACE (State or foreign country) <b>Pennsylvania</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>George A. Lewis</b>		13b. MOTHER'S MAIDEN NAME <b>Johan Thomas</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret D.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW #1</b>		16. SOCIAL SECURITY NO. <b>492-05-7533A</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Margaret D. Lewis-1313a Park Ave.</b>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b>					INTERVAL BETWEEN ONSET AND DEATH <b>36 hr.</b>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchopneumonia</b>					3 days		
		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"/>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H 91X</b>					
22. I hereby certify that I attended the deceased from <b>7-9-51</b> , 19___, to <b>7-10-51</b> , 19___; that I last saw the deceased alive on <b>7-10-51</b> , 19___, and that death occurred at <b>1:30 Pm.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>John T. Lester M.D.</b>				23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>7-10-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/13/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUL 11 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lester</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wacker-Weldale 3634 Gravois</b>					

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

APR 15 1964

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 Robert Cowhale

Licensed Embalmer No. 2128

P. O. Address St. Louis

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.