

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24916**  
Registrar's No. **6629**

BIRTH NO. \_\_\_\_\_ REG. DIST. **318 310** PRIMARY REG. DIST. NO. **1000** **1000** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>E. St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>123 South 4th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lounell</b> b. (Middle) _____ c. (Last) <b>Lewis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-21, 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 27, 1919</b>
9. AGE (In years last birthday) <b>1</b>		IF UNDER 1 YEAR Months <b>7</b> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>infant</b>	11. BIRTHPLACE (State or foreign country) <b>R. St. Louis, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Melvin Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Cora Alma Lewis</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Cora Alma Lewis</b>	
				ADDRESS <b>123 So. 4th</b>	

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Atelectasis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congenital Heart Defect</b>		
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 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>754.4</b>	

22. I hereby certify that I attended the deceased from **7/20, 1951**, to **7/24, 1951**, that I last saw the deceased alive on **7/21, 1951**, and that death occurred at **4:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. R. Franzer, M.D.</b>		23b. ADDRESS <b>1419 N. Main</b>		23c. DATE SIGNED <b>7/24/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-25-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>JUL 25 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Carter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>@ J. Nash</b>		ADDRESS <b>3847 Page Blvd.</b>	
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*C. J. Nash*

Signed.....

Student Embalmer

Licensed Embalmer No. *2432*

P. O. Address *3847 Pearl*

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.