

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24917**  
**6412**  
Registrar's No.

FILED JUL 28 1951

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>Illinois</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) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>E. St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>7 years</b>		d. STREET ADDRESS (If rural, give location) <b>J</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4431 S. Broadway</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b>		b. (Middle) <b>Lewis</b>	
c. (Last) <b>Lewis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 18 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 5, 1867</b>
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Huntingberg, Ind.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Henry Hanselman</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Forer</b>	
14. NAME OF HUSBAND OR WIFE <b>John M Lewis (deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mollie Stubblefield</b>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio Vasculer and Insuffring</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Stomach</b> DUE TO (c) <b>Osteo Arthritis (general)</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Paraplegia</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b> <b>1 yr</b> <b>3 yrs</b> <b>7 yrs</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		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.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>157X</b>			
22. I hereby certify that I attended the deceased from <b>Jan 1943</b> to <b>July 18, 1951</b> , that I last saw the deceased alive on <b>July 14, 1951</b> , and that death occurred at <b>1145 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Chas E Hyndman MD</b>		23b. ADDRESS <b>3720 Washington</b>	
23c. DATE SIGNED <b>7-18-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 20, '51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Hardin Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Hardin Ill.</b>	
DATE REC'D BY, LOCAL REG. <b>JUL 10 '51</b>		REGISTRAR'S SIGNATURE <b>J B Sabater</b>	
25. EMPEROR DIRECTOR'S SIGNATURE <b>Charles Hurw...</b>		ADDRESS <b>E. St. Louis, Ill</b>	

WRITE PLAINLY—USING UNFAADING 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 \_\_\_\_\_

*Charles Sturmes*

Signed .....  
Student Embalmer

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.