

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27846

FILED AUG 22 1951

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>574</u>		Registrar's No. <u>43</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Phelps</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. James,</u>		c. LENGTH OF STAY (If applicable) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. James,</u>		OR TOWN <u>0810</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lenore</u>			b. (Middle) <u>J.</u>			c. (Last) <u>Lewis</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>April 24, 1879</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman Tobacco Ind.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Foreman Tobacco Ind.</u>			
11. BIRTHPLACE (State or foreign country) <u>Phelps Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Robert Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>			
14. NAME OF HUSBAND OR WIFE <u>Alma Lewis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>489-10-4242</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alma Lewis</u> ADDRESS <u>St. James, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Coronary Occlusion</u> ANTECEDENT CAUSES <u>Generalized Arteriosclerosis years.</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Aug 13</u> , 1951, to <u>Aug 15</u> , 1951, that I last saw the deceased alive on <u>Aug 15</u> , 1951, and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>James H. Butler</u>		23b. ADDRESS <u>St. James Mo</u>		23c. DATE SIGNED <u>Aug 16, 1951</u>		24. NAME OF CEMETERY OR CREMATORY <u>Oak Hill -- St. Louis Co.</u>			
24a. DATE OF BURIAL, CREMATION, OR REMOVAL (Specify) <u>Aug. 18, 1951</u>		24b. DATE		24c. LOCATION (City, town, or county) (State) <u>Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orval E. Licklider</u> ADDRESS <u>St. James Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-17-1951</u>		REGISTRAR'S SIGNATURE <u>Cora E. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orval E. Licklider</u>		ADDRESS <u>St. James Mo</u>			

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

SEP 1 1951

SEP 6 1951

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Orel E Lickliter* _____

Licensed Embalmer No. *3546*

P. O. Address *St James Mo*

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.