

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28892**

No. 300  
10-48

FILED SEP 15 1951

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>2002</b>		Registrar's No. <b>3076</b>	
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS CO. 4006</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>UNIVERSITY CITY</b>		c. LENGTH OF STAY (in this place) <b>years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>UNIVERSITY CITY 4336</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>6823 BARTMER AVE.,</b>				d. STREET ADDRESS (If rural, give location) <b>6823 BARTMER AVE; 0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>D</b>		c. (Last) <b>LEWIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 5, 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>April 5, 1899</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 24 HRS. Days <b>0</b>	Hours <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>certified public acct.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Leidesdorf &amp; Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Doyle, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Lucillus Lewis</b>			13b. MOTHER'S MAIDEN NAME <b>Amanda Cravens</b>		14. NAME OF HUSBAND OR WIFE <b>Ann Lewis</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes WW #1</b>		16. SOCIAL SECURITY NO. <b>492-05-4431</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ann Lewis, 6823 Bartmer Ave., U. C.</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Infection of lung</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Carcinoma of liver</b> DUE TO (c) <b>1561 Infection of myocardium multiple</b>				INTERVAL BETWEEN ONSET AND DEATH <b>seconds</b> <b>4 MO</b> <b>10 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <b>Dec 15, 1949</b> , to <b>Sept 5, 1951</b> , that I last saw the deceased alive on <b>Sept 5, 1951</b> , and that death occurred at <b>2:15 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Roy David Williams</b>			(Degree or title) <b>MS</b>		23b. ADDRESS <b>114 W Taylor, St Louis</b>		23c. DATE SIGNED <b>6 Sept 51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>		24b. DATE <b>9-7-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>9-6-51</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Bomke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.,</b>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

*Arnold W. Schoene*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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.