

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29015**

S. No. 300  
v. 10.48

FILED SEP 15 1951 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3067

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u> <sup>14095</sup>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hgts</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hgts</u> <sup>4495</sup>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>at home 1225 Arch Per.</u>		e. STREET ADDRESS (If rural, give location) <u>1225 Arch Per.</u> <sup>0</sup>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RACHEL</u>	b. (Middle)	c. (Last) <u>LEWIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Jan 9 1890</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>61 7 23</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dorothy Zickel 1225 Arch Per.</u>
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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, asthenia, 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) <u>Cornary occlusion</u>		<u>4201</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio Sclerosis</u>	
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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 5, 1951, to Sept 9, 1951, that I last saw the deceased alive on Sept 5, 1951, and that death occurred at 6 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edmund H. B. Luedel</u>	23b. ADDRESS <u>416 Luedel</u>	23c. DATE SIGNED <u>9/6/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 6-51</u>	24c. NAME OF CEMETERY OR CREMATORY. <u>Calvary Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>5239 West Florissant Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-5-51</u>	REGISTRAR'S SIGNATURE <u>Hubert P. Jomke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alphonse H. Bochlage 6536 Clayton Road</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

*responsible person*

*12/10/10*

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

*John D. Dinkley*

Licensed Embalmer No.

*3653*

P. O. Address

*12. 5th Ave. N.W.*

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.