

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**31262**

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY <b>St. Francois</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 township) OR TOWN <b>Farmington RURAL St. Francois</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Olivette 4000</b>	
c. LENGTH OF STAY (In this place) <b>7M; 27dss</b>		d. STREET ADDRESS (If rural, give location) <b>12 Enfield Rd. /</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Missouri State Hospital No. 4</b>			

3. NAME OF DECEASED (Type or Print) <b>BERTHA</b>	a. (First)	b. (Middle)	c. (Last) <b>LEWIS</b>	4. DATE OF DEATH: (Month) (Day) (Year) <b>August 26, 1951</b>
--	------------	-------------	---------------------------	--

5. SEX <b>Female /</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Oct. 21, 1869</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ninevah, Pennsylvania /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Warren Mankey</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Moninger</b>	14. NAME OF HUSBAND OR WIFE <b>John S. Lewis</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>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Records State Hospital No. 4, Farmington, Mo.</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 failures, 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>Broncho Pneumonia - - - - -</b>		
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <b>Psychosis with cerebral arteriosclerosis and fractured right hip, 8-2-51.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>491X F.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hospital Ward</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Francois Twp. St. Francois Mo.</b>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>8 51</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Patient fell onward.</b>
---	---	---

22. I hereby certify that I attended the deceased from Nov. 29, 1950, to August 26, 1951, that I last saw the deceased alive on August 26, 1951, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John A. Brema, M.D., U.</b>	23b. ADDRESS <b>State Hospital No. 4, Farmington, Mo. 8-26-51</b>	23c. DATE SIGNED
--	--	------------------

24a. PORTAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 29, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenmount Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Waynesburg, Pa.</b>
--	-----------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>Sept. 4, 1951</b>	REGISTRAR'S SIGNATURE <b>Ethel R. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Huffman Furniture &amp; Undertaking Co.</b>	ADDRESS <b>Waynesburg, Pa.</b>
--	--	--	-----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 2

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 10 1951

RECEIVED

---

---

**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 \_\_\_\_\_

*Paul K. Dugal*

Licensed Embalmer No. 4120

P. O. Address Farmington 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.