

FILED JAN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003 File No. 43130
11688 Registrar's No. 11688

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|--|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Saint Louis | | c. LENGTH OF STAY (in this place) 12 Hours | | c. CITY (If outside corporate limits, write RURAL and give township) Saint Louis | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital | | | | d. STREET ADDRESS (If rural, give location) 5945 Pamplin Avenue, 20, | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Gill | | b. (Middle) Bruce | | c. (Last) Lewton | | 4. DATE OF DEATH (Month) (Day) (Year) December 29th, 1951 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH March 24th, 1894 | |
| | | | | 9. AGE (In years last birthday) 57 | | IF UNDER 1 YEAR Months Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President | | 10b. KIND OF BUSINESS OR INDUSTRY Trucking Co. | | 11. BIRTHPLACE (State or foreign country) Pearl, Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME William S. Newton | | 13b. MOTHER'S MAIDEN NAME Julia Lacy | | 14. NAME OF HUSBAND OR WIFE Minet Lewton nee Hacke | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes World War #1 | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minet Lewton, 5945 Pamplin Avenue, 20. | | | |
| 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) Acute Leukemia (Stem Cell) | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days. | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 20 ft. fall | | | |
| 22. I hereby certify that I attended the deceased from 12-23, 1951, to 12-29, 1951, that I last saw the deceased alive on 12-29, 1951, and that death occurred at 5:40 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Name or title) H.O. Schepel, M.D. | | | | 23b. ADDRESS 634th Grand Ave. St. Louis, Mo | | 23c. DATE SIGNED 12-31-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1/2/52 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri. | |
| DATE REC'D BY LOCAL REG. DEC 31 1951 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd. | | | |

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

18-8 PM



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 Ralph E. Linder

Licensed Embalmer No. 2275

P. O. Address St. Francis, 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.