

FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

43535

State File No. ....

4003

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 4003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>407 E. Argonne Drive</u>		d. STREET ADDRESS (If rural, give location) <u>407 E. Argonne Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN LLEWELLYN</u> b. (Middle) <u>LLOYD</u> c. (Last) <u>LEWIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 16, 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 19, 1864</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Month <u>10</u> Day <u>27</u>	IF UNDER 24 HRS. Hours <u>2</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Professor</u>	11. BIRTHPLACE (State or foreign country) <u>England</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ben Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Riding</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Lewis</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. L. Bodine</u> ADDRESS <u>407 E. Argonne, Kirkwood</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 30, 1951, to Dec. 16, 1951, that I last saw the deceased alive on Dec. 14, 1951, and that death occurred at 4:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul E. Butledge M.D.</u> (Degree or title)	23b. ADDRESS <u>411 N. Kirkwood Rd. Kirkwood</u>	23c. DATE SIGNED <u>12-17-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/17/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Manassah</u>	24d. LOCATION (City, town, or county) (State) <u>Ohio</u>
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DATE REC'D BY LOCAL REG. <u>12-17-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis N. Boyer</u> ADDRESS <u>1 Pine</u>
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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 Felix Hernandez.....

Licensed Embalmer No. 3034.....

P. O. Address Kirkwood 22nd.....

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.