S. No. 300
. 10.48

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

FILED JUL 17 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24122

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4105 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Clair
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: ~~Franklin~~
c. CITY (If outside corporate limits, write RURAL and give township): ~~St. Clair~~ St Louis Mo. 2169
d. STREET ADDRESS (If rural, give location): ~~RURAL~~ 3438 Halliday

3. NAME OF DECEASED (Type or Print): a. (First) HAROLD b. (Middle) Douglas c. (Last) LEWIS
4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Sigle
8. DATE OF BIRTH: 12-31-1920 ~~12-31-1950~~
9. AGE (In years last birthday): 31 — If under 1 year: Months 5, Days 15 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soda Water Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Salesman
11. BIRTHPLACE (City and State or Foreign Country): RICHMOND HEIGHTS Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: ROBT. B LEWIS
13b. MOTHER'S MAIDEN NAME: MARY M REID
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD WAR II
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Robert B. Lewis — ADDRESS: 3438 Halliday St Louis Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning in Meramec
DUE TO (c) River No Boat Involved

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accidental
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Central (COUNTY) Franklin (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Accidental Drowning 036.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Thos. P. Shoffner (Degree or title) Coroner
23b. ADDRESS: Sullivan Mo
23c. DATE SIGNED: 6/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: JUNE 19-1952
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEM
24d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS Mo.

DATE REC'D BY LOCAL REG.: 6-20-52
REGISTRAR'S SIGNATURE: R. L. Worthington 96-1
25. FUNERAL DIRECTOR'S SIGNATURE: W H Bockerge — ADDRESS: 5316 Clayton Rd. Rich Hts. Mo
(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Gary W Wilkinson

Licensed Embalmer No. 3575

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.