

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3399

State File No.

FILED FEB 11 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1150**

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 township) St. Louis		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2729	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 22 1254 S Broadway	
3. NAME OF DECEASED (Type or Print) a. (First) Zephyr b. (Middle) Dennis c. (Last) Lewis		4. DATE OF DEATH (Month) (Day) (Year) Jan. 25 1953	
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Sept. 18, 1897
9. AGE (In years less birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	11. BIRTHPLACE (City and State or Foreign Country) Mississippi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Dennis Gunn		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 4-94-28-2927		17. INFORMANT'S SIGNATURE OR NAME Willie Kelley	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Lobular Confluent INTERVAL BETWEEN ONSET AND DEATH Undet.	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. None		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 490X		22. I hereby certify that I attended the deceased from 1-22 , 19 53 , to 1-25 , 19 53 , that I last saw the deceased alive on 1-25 , 19 53 , and that death occurred at 10: a m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Charles P. Farde M. D.		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 1-26-53		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 1-27-53		24c. NAME OF CEMETERY OR CREMATORY Palmdale	
24d. LOCATION (City, town, or county) (State) Lemay MO		25. FUNERAL DIRECTOR'S SIGNATURE W. O. Burkh	
25. FUNERAL DIRECTOR'S SIGNATURE W. O. Burkh		25. FUNERAL DIRECTOR'S ADDRESS Southern 3506 Franklin	

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

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE
JAN 30 1953
2783 (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John F. Yandell

Licensed Embalmer No. 4243

P. O. Address. Webster Grove 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.