

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7237**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **54**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>2320 North Fifth Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bernell</b> b. (Middle) <b>W.</b> c. (Last) <b>Lewis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 20 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 13, 1920</b>	9. AGE (In years Last birthday) <b>32</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>James W. Lewis</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Kohn</b>	14. NAME OF HUSBAND OR WIFE <b>Wilma Lewis (nee Campbell)</b>
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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) <b>Yes World War II</b>	16. SOCIAL SECURITY NO. <b>498-09-2538</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Wilma Lewis</b> ADDRESS <b>St. Charles, Mo.</b>
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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, 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>Skull Fracture occipital base of skull</b>		<b>26 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Intracranial hemorrhage</b>		<b>26 "</b>
DUE TO (c) <b>Multiple contusions abdomen</b>		<b>26 "</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>sclep.</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>400</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accidental</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 40</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis County Mo</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOW WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto Accident</b>

22. I hereby certify that I attended the deceased from **2-19**, 19**53** to **2-20**, 19**53**, that I last saw the deceased alive on **2-20**, 19**53**, and that death occurred at **10:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Russell H. Rider M.D.</b>	23b. ADDRESS <b>St. Charles, Mo</b>	23c. DATE SIGNED <b>2-21-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 23, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Feb 23-53</b>	REGISTRAR'S SIGNATURE <b>Francis H. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>F. C. Hallinger &amp; Son</b> ADDRESS <b>St. Charles, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

23  
0

MAR 17 1953

AUG 30 1961

MAR 0 1963

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

*Frank R. Amalson*

Licensed Embalmer No. *4832*

P. O. Address *St. Charles*

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.