

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11900

State File No. \_\_\_\_\_

FILED APR 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3248

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 2119</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pronounced dead Homer Phillip</i>			d. STREET ADDRESS (If rural, give location) <i>4339 Enright</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Henry</i> c. (Last) <i>Lewis, Jr.</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>3-22-53</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>July 20, 1902</i>	9. AGE (In years last birthday) <i>50</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer-Porter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mandel Auto Sales Co.</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Mississippi</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>
13a. FATHER'S NAME <i>John H. Lewis</i>		13b. MOTHER'S MAIDEN NAME <i>Pinky Davis</i>		14. NAME OF HUSBAND OR WIFE <i>Deceased</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Frank Lewis, Brother - 3118 Crestview</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Congestive heart failure</i> DUE TO (c) <i>Cirrhosis of the liver</i>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND 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)		21f. HOW DID INJURY OCCUR? <i>5810</i>	
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"/>				
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 <i>808 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Patrick E. Taylor, Coroner</i>			23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>3.26.53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>3-27-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oakdale Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>MAR 26 1953</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wm. H. Bruce 4469 Washington</i>		

(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 Frederick P. Stark

Licensed Embalmer No. 4599

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.