

FILED APR 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15928**

318

REG. DIST. NO. PRIMARY REG. DIST. NO. **1003** Registrar's No. **3491**

| | | | |
|---|--|--|---|
| 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) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | d. STREET ADDRESS (If rural, give location) 3634 Evans 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Leola b. (Middle) c. (Last) Lewis | | 4. DATE OF DEATH (Month) March (Day) 28 (Year) 1953 | |
| 5. SEX 3 Female | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2 | 8. DATE OF BIRTH 6-12-1892 |
| 9. AGE (In years last birthday) 60 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) Tennessee | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Randall McNeil | | 13b. MOTHER'S MAIDEN NAME Eliza Harris | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS James B. Proates 3634 Evans |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease INTERVAL BETWEEN ONSET AND DEATH Undet. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | |
| 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 443X | |
| 22. I hereby certify that I attended the deceased from 3-9 , 19 53 , to 3-28 , 19 53 , that I last saw the deceased alive on 3-28 , 19 53 , and that death occurred at 7:35a m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Edna E. Brooker M. D. | | 23b. ADDRESS 2601 N. Whittier St | 23c. DATE SIGNED 3-31-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removed | 24b. DATE 4-2-53 | 24c. NAME OF CEMETERY OR CREMATORY Washington Park St. Louis Co. Mo. | 24d. LOCATION (City, town, or county) (State) |
| DATE REC'D BY LOCAL REG. APR 2 1953 | REGISTRAR'S SIGNATURE J. C. Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gus Lowe 2930 Dickson St | |

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

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4514 Aldine

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.