

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30182

FILED AUG 20 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7476

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS, MO.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROODHOUSE.</u> <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. PAC. HOSPITAL.</u>		d. STREET ADDRESS (If rural, give location) <u>292 ROODHOUSE, ILL.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORAL</u> b. (Middle) <u>LEE</u> c. (Last) <u>LEWIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-27-53</u>	
5. SEX <u>M.O.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED.</u>	8. DATE OF BIRTH <u>ARR-20-1897.</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ROODHOUSE - ILL. /</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>G.M.O. R.R.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>ROBERT D. LEWIS.</u>		13b. MOTHER'S MAIDEN NAME <u>HATTIE BARNES.</u>	14. NAME OF HUSBAND OR WIFE <u>NATTIE LEWIS.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>709-10-8680</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HATTIE LEWIS - ROODHOUSE - ILL.</u>
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) <u>LYMPHATIC LEUKEMIA.</u>  ANTECEDENT CAUSES Morbid 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. <u>GENERALIZED PURPURA.</u>	
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) <u>204.0</u>	
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?	
22. I hereby certify that I attended the deceased from <u>7-19</u> , 19 <u>53</u> , to <u>7-27</u> , 19 <u>53</u> , that I last saw the deceased alive, on <u>7-27</u> , 19 <u>53</u> , and that death occurred at <u>1:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Hubert Hoover, M.D.</u>		23b. ADDRESS <u>1755 S. Leonard</u>	23c. DATE SIGNED <u>7/27/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>7-28-53</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>ROODHOUSE - ILL.</u>
DATE REC'D BY LOCAL REG. <u>JUL 31 1953</u>	REGISTRAR'S SIGNATURE <u>J. Paul Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WOLFE - ROODHOUSE - ILL.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Ronald O. Yankie

Licensed Embalmer No. 3817

P. O. Address \_\_\_\_\_

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.