

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34437

State File No.

FILED OCT 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2280

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>5 hours</u>	c. CITY OR TOWN <u>Wellston #18</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>1663 Vassier Ave.,</u>			

3. NAME OF DECEASED (Type or Print) <u>VICTORIA LEWIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 22 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 31, 1898</u>		9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 YEAR Months Days <u>0</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Oats, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>James Faulkner</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Warn</u>		14. NAME OF HUSBAND OR WIFE <u>James Lewis</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Lewis, 1663 Vassier Ave.,</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive cardio-vascular disease 9 yrs.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>	
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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>443X</u>	
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	

22. I hereby certify that I attended the deceased from 8-22-1953, to 8-22-1953, that I last saw the deceased alive on 8-22-1953, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Victor Jones M.D. 0</u>		23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>		23c. DATE SIGNED <u>8-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.,</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>8-24-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domba M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark 1125 Hodiamont Ave.,</u>	
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53W (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.....
Signature of Student Embalmer

Signed *Alfred J. Boedeker*.....
Licensed Embalmer No. *266*
P. O. Address *1125 Hedden*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.