

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 6 - 1953

State File No. **37374**
Registrar's No. **9771**

318 PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 37374		Registrar's No. 9771	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 2 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		422A			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital				d. STREET ADDRESS (If rural, give location) 3205 Dix Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Bessie			b. (Middle) L.		c. (Last) Lewis		4. DATE OF DEATH (Month) (Day) (Year) Oct. 10 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15 1886		9. AGE (In years less birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Cleveland Ohio			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Carl Conrad			13b. MOTHER'S MAIDEN NAME Christine Muldner			14. NAME OF HUSBAND OR WIFE Harry H. Lewis			
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. 480-146034		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Lewis 3205 Dix Ave.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 3 1/2 days
				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.					
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)					
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? 4201					
22. I hereby certify that I attended the deceased from Oct 8, 1953 , to Oct 10, 1953 , that I last saw the deceased alive on Oct 21 1953 , and that death occurred at 125 A m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. H. Kade M.D.				23b. ADDRESS Humboldt Bldg				23c. DATE SIGNED 10/13/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Oct 14 1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
DATE REC'D BY LOCAL REG. OCT 13 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			FUNERAL DIRECTOR'S SIGNATURE ADDRESS Collins Funeral Home 10123 St. Charles Rd				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

300
48

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 Sheldon Collins

Licensed Embalmer No. 3382

P. O. Address 10123 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.