

FILED DEC 7 1953

## STANDARD CERTIFICATE OF DEATH

State File No. 40769

BIRTH NO.

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

Registrar's No. 11295

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) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>40 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		2119 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G. Phillips Hosp. #11</i>				d. STREET ADDRESS (If rural, give location) <i>4352 Maffitt</i>			
3. NAME OF DECEASED (Type or Print) <i>Penecie</i>		a. (First)		b. (Middle)		c. (Last) <i>Lewis</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>11-25-1953</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	
8. DATE OF BIRTH <i>8-30-87</i>		9. AGE (In years last birthday) <i>66</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		11. BIRTHPLACE (State or foreign country) <i>Ironton Mo. 0.</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>James Sides</i>		13b. MOTHER'S MAIDEN NAME <i>Katie Chaney</i>		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) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Elizabeth Nance-3106 Cass Ave</i>			
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, apnea, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <i>Congestive Heart Failure</i>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				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) <i>434.1</i>			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>11:15</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Gabriel L. Taylor Carone</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>11-30-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>12-1-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>	
DATE REC'D BY LOCAL OFFICE <i>NOV 30 1953</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Manuel Und. Co.</i>		ADDRESS <i>4059 Finney Ar.</i>	

(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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *H. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Alder*

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

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