.S. No. 300
ev. 10.48

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

FILED DEC 4 - 1953

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

State File No. 40770

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11300

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3856 Shaw Blvd.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: 2179
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 0
e. STREET ADDRESS (If rural, give location): 17 3856 Shaw Blvd.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Robert
b. (Middle): H.
c. (Last): Lewis

**4. DATE OF DEATH** (Month) (Day) (Year): 11 - 27 - 1953

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married /
**8. DATE OF BIRTH**: Aug. 5, 1908
**9. AGE** (In years last birthday): 45 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Electrician
**10b. KIND OF BUSINESS OR INDUSTRY**: Rawlings Mfg. Co.
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Henry D. Lewis
**13b. MOTHER'S MAIDEN NAME**: O'Tillia Smith
**14. NAME OF HUSBAND OR WIFE**: Mildred Bredemann Lewis

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 489-10-4684
**17. INFORMANT'S SIGNATURE OR NAME**: Mildred Lewis
**ADDRESS**: 3856 Shaw Blvd.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: ONE HOUR

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) CORONARY SCLEROSIS — TWO YEARS
DUE TO (c) ANGINA PECTORIS — THREE YEARS

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 ☐ NO ☑

**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)**: 4201
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Nov. 11, 1950, *to* Nov. 27, 1953, *that I last saw the deceased alive on* Nov 27, 1953, *and that death occurred at* 11:30p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Robert G. Hall 0 **(Degree or title)**: M.D.
**23b. ADDRESS**: 3902 LAFAYETTE St. Louis Mo.
**23c. DATE SIGNED**: Nov. 28, 1953

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 12-1-53
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

**DATE REC'D BY LOCAL REG.**: NOV 30 1953
**REGISTRAR'S SIGNATURE**: J. Earl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: E J Schnur
**ADDRESS**: 3125 Lafayette Av.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4014

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.