

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2465

State File No. ....  
Registrar's No. .... 37

BIRTH NO. 444.3-54 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2318 North Fifth Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Bernell</u> c. (Last) <u>Lewis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8 1954</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 8, 1954</u>	9. AGE (In years last birthday) <u>12-Hrs.</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Carl Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Velma Dunlap</u>	14. NAME OF HUSBAND OR WIFE -----
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Lewis, St. Charles, Mo.</u>	ADDRESS -----
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>  <u>Since birth</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>Prematurity</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>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7625</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (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 Jan 8, 1954, to Jan 8, 1954, that I last saw the deceased alive on Jan 8, 1954, and that death occurred at 12P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter B. Feugh M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Charles Clinic, St. Charles, Mo.</u>	23c. DATE SIGNED <u>1/9/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 9, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 9 1954</u>	REGISTRAR'S SIGNATURE <u>Francine Hammett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Dellinger &amp; Son, St. Char. Mo.</u>	ADDRESS -----
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Note!

This body was not embalmed.

Frank R Ameling  
# 4832

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

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.