

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10210

State File No. ....

FILED APR 2 1954

1003

Registrar's No. 2861

BIRTH NO. 19147-554 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>2119</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township!) <i>St. Louis</i> <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>D.O.A. Home Phelps</i>		d. STREET ADDRESS (If rural, give location) <i>4644 - Cote Brillante</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Bobby</i> b. (Middle) <i>Lewis</i> (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>3-19-54</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Cal</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Mar</i>	8. DATE OF BIRTH <i>3/19/54</i>
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis 0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME <i>Eddie Lee</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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Marion Lewis</i> ADDRESS <i>4644 Cote Brill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

*Subdural Hemorrhage*  
*Suffered when deceased dropped*  
*to wooden floor at porch*  
*in the home 4644 Cote Brillante*  
*about - 3:29 A.M. Mar. 19-1954*  
*Accident*

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) <i>Accident</i>	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis E903.0</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>3/19/54</i> <i>m.</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>See above</i> <i>20</i>

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 *2:51 P.M.* from the causes and on the date stated above.

23a. SIGNATURE <i>Joseph M. Quinn</i>	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>3/21/54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>3-31-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Boro</i>
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		

DATE REC'D BY LOCAL REG. <i>MAR 30 1954</i>	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Rowland</i>	ADDRESS <i>4104 Manchester</i>
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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.