No. 300
10.48

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

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

FILED MAR 31 1954

State File No. 10211

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2664

**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) Homer G. Phillips Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 2915 Lucas Ave.

21 — 22110

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

**4. DATE OF DEATH** (Month) 3 (Day) 20 (Year) 54

**5. SEX** Female 3

**6. COLOR OR RACE** Colored

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed 2

**8. DATE OF BIRTH** Jan. 15, 1872

**9. AGE** (In years last birthday) 82 — If under 1 year: Months 2, Days 5 — If under 1 hr.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Teacher

**10b. KIND OF BUSINESS OR INDUSTRY** Public School

**11. BIRTHPLACE** (City and State or Foreign Country) Macon, Mississippi

**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13a. FATHER'S NAME** Henry Macon

**13b. MOTHER'S MAIDEN NAME** Lucy Jenkins

**14. NAME OF HUSBAND OR WIFE**

**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.**

**17. INFORMANT'S SIGNATURE OR NAME** Lucy Anderson
**ADDRESS** 2915 Lucas 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Undt.
Gastro-Intestinal Bleeding

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.* Congestive Failure

**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) 443 X (STATE)

**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* 3-17, 1954, *to* 3-20, 1954, *that I last saw the deceased alive on* 3-20, 1954, *and that death occurred at* 12:25 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** E. B. Williams, (Degree or title) M.D.

**23b. ADDRESS** 2601 N. Whittier

**23c. DATE SIGNED** 3-22-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal

**24b. DATE** Mar. 24, 1954

**24c. NAME OF CEMETERY OR CREMATORY**

**24d. LOCATION** (City, town, or county) Macon (State) Miss.

DATE REC'D BY LOCAL REG. MAR 23 1954

REGISTRAR'S SIGNATURE J. Carl Smith MD

**25. FUNERAL DIRECTOR'S SIGNATURE** J. H. RANDLE & SON
**ADDRESS** 3133 Bell Ave.

(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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed S. J. Watson

Licensed Embalmer No. 26

P. O. Address 2769 Ch

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