

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

10781

State File No.

XC 3 338 940
REG# 115555
BIRTH NO. FILED MAR 23 1954

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY CASS	
b. CITY (If outside corporate limits, write RURAL and give town or ship) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 82 DAYS	c. CITY OR TOWN VIRGINIA
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) NONE	
3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) L. c. (Last) LEWIS		4. DATE OF DEATH (Month) (Day) (Year) MARCH 3, 1954	
5. SEX MALE	6. COLOR (OR RACE) WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUGUST 19, 1891
9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.	11. BIRTHPLACE (City and State or Foreign Country) CHANDLERVILLE, ILLINOIS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF-EMPLOYED		10b. KIND OF BUSINESS OR INDUSTRY BOOK STORE	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME CHARLES LEWIS		13b. MOTHER'S MAIDEN NAME MARY HARBISON	14. NAME OF HUSBAND OR WIFE TRENE LEWIS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. 343108045	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, 23, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED PERITONITIS		INTERVAL BETWEEN ONSET AND DEATH UNK	
ANTECEDENT CAUSES DUE TO (b) PERFORATION OF GASTRIC ULCER			
DUE TO (c) -----			
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 <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)	5401
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.	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 12-11-53 to 3-3-54, and that death occurred at 6:30 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. T. Kaminski M.D.		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.	23c. DATE SIGNED 3-4-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-4-54	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Virginia, Illinois
DATE REC'D BY LOCAL REG. 3-4-54	REGISTRAR'S SIGNATURE Herbert R. Domb M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
		ADDRESS 4700 Washington.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *374*

P. O. Address *St. Louis*

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