

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13731****4044**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		2259		
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G PHILLIPS				d. STREET ADDRESS (If rural, give location) 25 1531² FRANKLIN				
3. NAME OF DECEASED (Type or Print) a. (First) LULA b. (Middle) _____ c. (Last) LEWIS			4. DATE OF DEATH (Month) (Day) (Year) 4 28 54					
5. SEX F	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH JAN 6 1895	9. AGE (In years last birthday) 59	10. UNDER 1 YEAR (Months) (Days) (Hours) (Mins.) 3 30	11. UNDER 12 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NAL		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) St Louis MO		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME LEWIS GLENN		13b. MOTHER'S MAIDEN NAME MARY GOLDEN		14. NAME OF HUSBAND OR WIFE JOHN LEWIS				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Lewis 1531² Franklin				
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* (a) _____				DUE TO (b) Coronary Occlusion				
ANTECEDENT CAUSES A forbidding conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Coronary Sclerosis				
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) 4201				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:54 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Patrick Clayton Casauer				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5.4.54		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-5-54		24c. NAME OF CEMETERY OR CREMATORY PAKDALE CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY MO		
DATE REC'D BY LOCAL REGISTAR'S SIGNATURE MAY 4 1954		REGISTAR'S SIGNATURE Clayton Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NOA. F. WALTON 2707 STODDARD ST				

(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 embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address. 4575 Aldine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.