

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39602

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2719

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RICHMOND HEIGHTS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>NEIGHS 3 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>4953 Mc PHERSON AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u>	b. (Middle) <u>H.</u>	c. (Last) <u>LEWIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 23, 1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 16, 1869</u>	9. AGE (In years last birthday) <u>85-</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME MAKER</u>	11. BIRTHPLACE (State or foreign country) <u>ST LOUIS COUNTY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES LARKEN</u>	13b. MOTHER'S MAIDEN NAME <u>MARY CHAMBERS</u>	14. NAME OF HUSBAND OR WIFE <u>BEN. W. LEWIS</u>
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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>B. W. LEWIS M. D.</u>	ADDRESS <u>5401 CABANNE AV</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Cardiac decompensation</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>hypertensive C.V. Dis.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
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 type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 7, 1954, to Nov 23, 1954, that I last saw the deceased alive on Nov 23, 1954, and that death occurred at 8:09 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. Kleinschmidt M.D.</u>	23b. ADDRESS <u>508 N. Grand Av</u>	23c. DATE SIGNED <u>11/24/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>11/26/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>11/24/54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Lamborn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelly</u>	ADDRESS <u>4386 LINDELL BLVD.</u>
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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 Bill C. Dransner

Licensed Embalmer No. 4764

P. O. Address St. Louis, Mo.

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

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