

43779

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 8 - 1955

State File No. ....

318

1003

Registrar's No. 11301

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 11301	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS.</b>				a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>5 wks</b>				c. CITY OR TOWN <b>Webster Groves</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LUKES HOSPITAL</b>				e. STREET ADDRESS (If rural, give location) <b>425 West Jackson</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ROBERT</b>		b. (Middle) <b>HILL</b>		c. (Last) <b>LEWIS. Sr.</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 10, 1954</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesmanager.. Dennison</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Manuf., Co.,</b>		8. DATE OF BIRTH <b>Sep' t 10, 1884.</b>		9. AGE (In years last birthday) <b>70.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Clifton Heights, Penna. /</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>George Davis Lewis.</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Andrews Bunting.</b>		14. NAME OF HUSBAND OR WIFE <b>Leona M. Lewis.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>		16. SOCIAL SECURITY NO. <b>492-05-0329</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>R. H. Lewis Jr, #709 West Kirkham Rd,</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>18 mos.</b>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Colon &amp; metastases</b>					
		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.					
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)			
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? <b>153x</b>			
22. I hereby certify that I attended the deceased from <b>1953</b> , to <b>Dec 10</b> , 1954, that I last saw the deceased alive on <b>Dec 9</b> , 1954, and that death occurred at <b>4:30 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>B. V. H. King R. M.D.</b> (Degree or title)				23b. ADDRESS <b>3720 Washington St. St. Louis</b>		23c. DATE SIGNED <b>18 Dec 54</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Removal..</b>		24b. DATE <b>12/13/1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery..</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Missouri.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 13 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

**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 *Clarence H. Mur*.....

Licensed Embalmer No. *401*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.