

FILED APR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. 13605

BIRTH NO. REG. DIST. NO. 818 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3399

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 8643 Annetta Ave		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
8. STREET ADDRESS 8643 Annetta Ave		(If rural, give location) 2089	

3. NAME OF DECEASED (Type or Print) Benjamin H. Lewis			4. DATE OF DEATH April 13 1955		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH December 4, 1892	9. AGE (in years last birthday) 62	10. YEARS UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Pullman Co.	11. BIRTHPLACE (City and State or Foreign Country) Centralia, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James H. Lewis	13b. MOTHER'S MAIDEN NAME Belle Foutz	14. NAME OF HUSBAND OR WIFE Mazie Sullivan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes W.W.I	16. SOCIAL SECURITY NO. 708-16-9224	17. INFORMANT'S SIGNATURE OR NAME Mazie Lewis	ADDRESS 8643 Annetta Ave.
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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, 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) Coronary heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterior Sclerosis DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

18a. 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)
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 4201

22. I hereby certify that I attended the deceased from 9-6, 1940, to 4-13, 1955, that I last saw the deceased alive on 3-19, 1955 and that death occurred at 4:19 m., from the causes and on the date stated above.

23a. SIGNATURE W. County (Degree or title)	23b. ADDRESS 4500 Olive St	23c. DATE SIGNED 4/15
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 16, 1955	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 16 1955 J. Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 5967W. Florissant
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MDIC (Licensed Embalmer's Statement on Reverse Side)

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

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: *Walter A. Brubaker*
.....
Licensed Embalmer No. *45*

P. O. Address *At L*
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**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.**