

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24644

State File No.

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 541 Registrar's No. 1730

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 <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (in this place) <u>16 yrs.</u>	c. CITY OR TOWN <u>Clayton</u> <u>4 45^{PM}</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7530 Wellington Way</u>		e. STREET ADDRESS (If rural, give location) <u>7530 Wellington Way</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannie</u> b. (Middle) <u>Lewis</u> c. (Last) <u>Alexander</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7/27/55</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>Divorced</u>	8. DATE OF BIRTH <u>Aug. 26, 1871</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	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>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John H. Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Hix</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</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>Miss Tammara</u>	ADDRESS <u>7530 Wellington Way Clayton</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>osteoporosis, probable, leading approx. 90 compression of spinal cord.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>260x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>July 19, 1955</u>
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22. I hereby certify that I attended the deceased from March 18, 1955, to April 28, 1955, that I last saw the deceased alive on July 19, 1955, and that death occurred at 9:45P m., from the causes and on the date stated above.

22a. SIGNATURE <u>Edward V. Gubry Jr.</u>	(Degree or title) <u>MD.</u>	23b. ADDRESS <u>3720 Washington</u>	23c. DATE SIGNED <u>7-28-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/30/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-29-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>	GENERAL DIRECTOR'S SIGNATURE <u>LAWRENCE MULLEN & SONS</u>	ADDRESS <u>517 1/2 Illinois St. Louis 8 Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Cowd
6034 Cal
4:PM

~~CONFIDENTIAL~~

A 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 *Francis J. Wyland Jr.*.....

Licensed Embalmer No. *451*

P. O. Address *St. Louis, Mo.*

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.