

FILED SEP 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

27904
State File No.

6759
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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) 40 yrs.		c. CITY OR TOWN St. Louis		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 St. Mary's Infirmary				STREET ADDRESS (If rural, give location) 12 4571 Lewis Place 21290			
3. NAME OF DECEASED (Type or Print) Mathew		a. (First)		b. (Middle)		c. (Last) Lewis	
4. DATE OF DEATH Aug. 2, 1955		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH Feb. 28, 1880		9. AGE (In years last birthday) 67.75		10. KIND OF BUSINESS OR INDUSTRY R. R. Employee (retired)		11. BIRTHPLACE (City and State or Foreign Country) Montgomery, Alabama	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jack Lewis		13b. MOTHER'S MAIDEN NAME Hattie (Unknown)		14. NAME OF HUSBAND OR WIFE Alice Lewis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Tommie Little, 4571 Lewis			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Heat Exhaustion ANTECEDENT CAUSES (b) Post-operative Gastroenteritis Morbidity conditions, if any, giving rise to above cause (c) status of underlying disease last. Carcinoma of Pancreas. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstruction Jaundice				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs. 4 days 6 months 6 days	
19a. DATE OF OPERATION 7-31-55		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Head & Tail of Pancreas.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 157 X F			
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 Jan. 1955, to Aug 2, 1955, that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 2:30 PM from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James M. Mathews, M.D.				23b. ADDRESS 916 A. No. Taylor		23c. DATE SIGNED 8-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-6-55		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. AUG 4 1955		REGISTRAR'S SIGNATURE Charles J. Gates		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Ave.			

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4107 Finne

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.