

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34951**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8929**

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) _____	c. CITY OR TOWN St. Louis	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 (If not in hospital or institution, give street address or location) Homer G. Phillips Hospital		STREET ADDRESS (If rural, give location) 25 1018 N. 14th	

3. NAME OF DECEASED (Type or Print) a. (First) LEE b. (Middle) NMN c. (Last) Lewis			4. DATE OF DEATH (Month) (Day) (Year) 10-12-55		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 12-9-1905	9. AGE (In years, Months, Days) 49-10-2	IF UNDER 1 YEAR IF UNDER 1 MRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junkman		10b. KIND OF BUSINESS OR INDUSTRY odd Jobs	11. BIRTHPLACE (City and State or Foreign Country) Macomb, Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John Lewis		13b. MOTHER'S MAIDEN NAME Willie Jones		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT'S SIGNATURE OR NAME Ella Burden ADDRESS 2634 Chatham	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver ANTECEDENT CAUSES Pulmonary Congestion Morbidity 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.			INTERVAL BETWEEN ONSET AND DEATH
---	--	--	--	--	----------------------------------

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 581.0			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?		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:50 P.** m., from the causes and on the date stated above.

23a. SIGNATURE James M Kelly (Print or Title) Registrar		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10-13-55	
---	--	--------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-13-55	24c. NAME OF CEMETERY OR CREMATORY Boaker Washington	24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.	
DATE REC'D BY LOCAL REG. OCT 13 1955		REGISTRAR'S SIGNATURE J. Carl Smith mo		25. FUNERAL DIRECTOR'S SIGNATURE P. J. Nash ADDRESS 111 N. 13th St. E. St. Louis, Ill.	

(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 ^{not} by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James Nash*.....
Licensed Embalmer No. *44*.....

P. O. Address *3849*.....

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.