

42323

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 6 1956

318

1003

Registrar's No. 10812

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. 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. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital

e. STREET ADDRESS (If rural, give location) 22 2619a Park Avenue 2220

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) R.
c. (Last) Lewis

4. DATE OF DEATH (Month) (Day) (Year)
Dec. 8, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 27, 1900

9. AGE (In years last birthday) 55
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee

10b. KIND OF BUSINESS OR INDUSTRY Laclede Pack Co.

11. BIRTHPLACE (City and State or Foreign Country) / Bonham, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George R. Lewis

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Birdie E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. 487-14-0956

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Gerwitz - 6251a Magnolia

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Bronchiogenic Carcinoma, Left*
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. *MI*

INTERVAL BETWEEN ONSET AND DEATH 2 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 162x

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 11-23-1955, to 12-7, 1955, that I last saw the deceased alive on 12/7/55, 1955, and that death occurred at 2:00A.m., from the causes and on the date stated above.

23a. SIGNATURE James C. Vest MD (Degree or title)

23b. ADDRESS 634 N. Grand

23c. DATE SIGNED 12/9/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 10, 1955

24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. DEC 10 1955 REGISTRAR'S SIGNATURE J. Carl Smith - MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker-Helderte - 3634 Gravois Ave.

(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..... *Robert C. Wheeler*

Licensed Embalmer No. *213*

P. O. Address *Hamm*

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.