

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14691

State File No. _____

FILED APR 30 1956

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3714			
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 type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 3861 Greer					
3. NAME OF DECEASED (Type or Print) a. (First) LUCILLE b. (Middle) F c. (Last) LEWIS			4. DATE OF DEATH (Month) (Day) (Year) 4 12 56						
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 1-12-1906			
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Festus Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Wilson Monroe			13b. MOTHER'S MAIDEN NAME Jennie Bland			14. NAME OF HUSBAND OR WIFE Archie Lewis			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) No. (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 3-76-20-3108		17. INFORMANT'S SIGNATURE OR NAME Carl Fowler ADDRESS 3861 Greer Ave.					
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) Bronchial Asthma ANTECEDENT CAUSES DUE TO (b) Bronchiectasis DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Undt.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		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 4-10 , 19 56 , to 4-12 , 19 56 , that I last saw the deceased alive on 4-12 , 19 56 , and that death occurred at 2:45a m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Edw. B. Williams M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 4-13-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-16-56		24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		24d. LOCATION (City, town, or county) (State) FESTUS MO.			
DATE REC'D BY LOCAL REG. ADD 14 1956		REGISTRAR'S SIGNATURE J. Earl Smith Md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. MCCLENDON 4535 WASHINGTON					

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.....

John K. Cunningham

Licensed Embalmer No. 44

P. O. Address 2405 9th

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.