

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18208
Registrar's No. 4800

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 18208		Registrar's No. 4800			
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 town) OR TOWN St. Louis, Mo.			c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				e. STREET ADDRESS (If rural, give location) 4575 Varrelmann 21570							
3. NAME OF DECEASED (Type or Print) a. (First) Ella K. Lewis			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) May 16, 1956				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 16, 1888		9. AGE (In years last birthday) 67			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Conrad George			13b. MOTHER'S MAIDEN NAME Catherine Schuessler			14. NAME OF HUSBAND OR WIFE Wm. E. Lewis					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. E. Lewis 4575 Varrelmann						
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Heart Block with extensive myocardial damage. 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. Diabetes Mellitus (coma)						INTERVAL BETWEEN ONSET AND DEATH 2 days. 2 days.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____ 4330						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) _____							
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 5/14, 1956 to 5/16, 1956, that I last saw the deceased alive on 5/16, 1956, and that death occurred at 510a m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Frank A. Bailey M.D.				23b. ADDRESS 3108 South Grand			23c. DATE SIGNED 5/17/56				
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5-18-56		24c. NAME OF CEMETERY OR CREMATORY New Picker Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. MAY 17 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P. (Licensed Embalmer's name on Reverse Side)			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd., St. Louis, Mo.						

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

Dr. Bailey
3108 S. Grand

no house on use

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 myself....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Van Fossan.....

Licensed Embalmer No. 424

P. O. Address Dr. Bailey

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.