

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21962**

FILED JUN 25 1956

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **5659**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>5659</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		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 <b>3900 Kennerly Ave.</b>				STREET ADDRESS (If rural, give location) <b>3900 Kennerly</b>		<b>2119</b> <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b> b. (Middle) <b>B.</b> c. (Last) <b>Lewis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 8, 1956</b>				
5. SEX <b>3</b> <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>2 Nov. 26, 1867</b>	
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months <b>6</b>		IF UNDER 1 YEAR Days <b>22</b>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>unemployed</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>0</b> <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>A.</b> <b>U. S. A.</b>
13a. FATHER'S NAME <b>George Treng</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Ralph Lewis</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Florence Saunders 3900 Kennerly</b>		
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) <b>Hypertensive Heart disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) <b>Chronic nephritis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>  <b>Unknown</b>  <b>?</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION  <b>492x</b>					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 <b>January 1953</b> , to <b>June 8, 1956</b> , that I last saw the deceased alive on <b>June 8, 1956</b> , and that death occurred at <b>11:30 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>S. E. Moore M.D.</b>				23b. ADDRESS <b>2330<sup>a</sup> Franklin Ave.</b>		23c. DATE SIGNED <b>6/11-1956</b>	
24a. FUNERAL CREMATION REMOVAL (Specify) _____		24b. DATE <b>6/14/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUN 14 1956</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. B. Jones</b>		ADDRESS <b>1221 N. Grand</b>	

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 Clarence Robinson

Licensed Embalmer No. 4755

P. O. Address 1221 No. 1st

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.