

XC # 591 61 98
REG # 16203
SL # 8

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21964

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5467**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a- STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) 915 N. GRAND, ST. LOUIS, MO.	c. LENGTH OF STAY (In this place) 30 DAYS	c. CITY OR TOWN ST. CLAIR	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) P. O. BOX 74	

3. NAME OF DECEASED (Type or Print) a. (First) ROLLA	b. (Middle) J.	c. (Last) LEWIS	4. DATE OF DEATH (Month) (Day) (Year) 6-6-56		
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5. SEX <input type="radio"/> MALE <input checked="" type="radio"/> FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 6-11-12	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CABINET MAKER	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and State or Foreign Country) ST. CLAIR, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JEROME LEWIS	13b. MOTHER'S MAIDEN NAME ELIZABETH MOSLEY	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II	16. SOCIAL SECURITY NO. 498-16-5849	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI	ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI
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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		INTERVAL BETWEEN ONSET AND DEATH Undetermined
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA, NECK, EXTENSIVE	ANTecedent CAUSES DUE TO (b) PRIMARY TUMOR, PROBABLY PAROTID GLAND		II
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	UNRESOLVED PNEUMONIA, TYPE UNDETERMINED		III

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 142.1	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **5-7-56**, 19____, to **6-6-56**, 19____, that ~~the~~ ~~last~~ ~~month~~ ~~the~~ ~~deceased~~ ~~expired~~ ~~at~~ ~~the~~ ~~place~~ ~~of~~ ~~his~~ ~~home~~, and that death occurred at **10:35 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE J. T. Kaminski (Degree or title)	23b. ADDRESS 915 N. Grand VAH, ST. LOUIS, MISSOURI	23c. DATE SIGNED 6-7-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-10-56	24c. NAME OF CEMETERY OR CREMATORY J. O. F.	24d. LOCATION (City, town, or county) (State) St. Clair, Mo.
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DATE REC'D BY LOCAL REG. JUN 8 1956	REGISTRAR'S SIGNATURE J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Stewart	ADDRESS St. Clair, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 14 1958

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..... *H. P. Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maplewood*

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.