

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 20 1956

State File No. **24868**
Registrar's No. **6479**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's 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. 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 Romer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 27 2829 Lawton 22190						
3. NAME OF DECEASED (Type or Print) a. (First) Ada Lewis			b. (Middle) _____		c. (Last) Butler		4. DATE OF DEATH (Month) (Day) (Year) 7 7 56			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7-6-1922		9. AGE (In years last birthday) 34 IF UNDER 1 YEAR: Months 0 Days 1 IF UNDER 24 HRS.: Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Louisiana			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Arthur Lewis			13b. MOTHER'S MAIDEN NAME Eva Perry			14. NAME OF HUSBAND OR WIFE Deceased				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) ?		17. INFORMANT'S SIGNATURE OR NAME Lillie Hardnot					ADDRESS 2829 Gamble Street	
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) Pulmonary Tuberculosis, Far Advanced ANTECEDENT CAUSES Morbidity 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.						INTERVAL BETWEEN ONSET AND DEATH Undet.		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION .002x						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) _____ m.			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 6-27 , 19 56 , to 7-7 , 19 56 , that I last saw the deceased alive on 7-7 , 19 56 , and that death occurred at 6:25p m., from the causes and on the date stated above.										
23a. SIGNATURE Hugh Waters				(Degree or title) M. D.		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 7-9-56		
24a. BURIAL/CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-12-56		24c. NAME OF CEMETERY OR CREMATORY Father Dickson		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri				
DATE REC'D BY LOCAL REG. JUL 11 1956		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc. 2820 Stoddard St.					

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.....
Fulton E. Culkin

Licensed Embalmer No. *419*

P. O. Address *St. Louis*

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.