

ED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **43429**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12134**

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, give TOWNSHIP only) OR TOWN St, Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS 2631 Franklin (If outside, give location)	

3. NAME OF DECEASED (Type or print) Richard Lewis			4. DATE OF DEATH 12 30 56		
First Middle Last			Month Day Year		

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 21- 1902	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lab over	10b. KIND OF BUSINESS OR INDUSTRY Bemis Bag Co	11. BIRTHPLACE (City and state or country) unk	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME unk	14. MOTHER'S MAIDEN NAME Unavailable
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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) no	16. SOCIAL SECURITY NO. 490-1268944	17. INFORMANT Annie Venzant, 1309 Temple Pl Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Insufficiency		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pericarditis with Effusion of Unknown Etiology	
	DUE TO (c)	

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hemorrhage from the Liber Duc to needle puncture of Glisson's Capsule		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4343
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20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY	STATE
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 12-12-56 to 12-30-56 and last saw him alive on 12-30-56 Death occurred at 4:39 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh Waters , M. D.	22b. ADDRESS 2601 Whittier Street	22c. DATE SIGNED 12-31-56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-5-57	23c. NAME OF CEMETERY OR CREMATORY Oak Dale	23d. LOCATION (City, town, or county) (State) Le May Mo
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24. FUNERAL DIRECTOR Cummins & Moore ADDRESS 2408 Maras	25. DATE RECD. BY LOCAL REG. JAN 4 1957	26. REGISTRAR'S SIGNATURE J. Carl Smith Mo
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Vertical text on the left edge of the page, partially obscured.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John R. Cunningham*

Licensed Embalmer No. 41

P. O. Address 2405

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.