

FILED JAN 24 1957

## STANDARD CERTIFICATE OF DEATH

State File No. **44851**BIRTH NO. **56013-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12141**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>	c. CITY OR TOWN <b>Essex</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cardinal Glennon Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>Box 2</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alvie</b>	b. (Middle) <b>Marie</b>	c. (Last) <b>Lewis</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10-13-56</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>9-10-16</b>
9. AGE (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 4 HRS. Days <b>0</b>	IF UNDER 15 MIN. Mins. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Likeston, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Everest Lewis</b>	13b. MOTHER'S MAIDEN NAME <b>Eva Harp</b>	14. NAME OF HUSBAND OR WIFE <b>Essex, Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Everest Lewis Essex, Mo.</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>Congenital brain defect</b>  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 <b>Bilateral cleft of upper lip</b> <b>Bilateral cleft of palate</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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>10-10-1956</b> , to <b>10-13-1956</b> , that I last saw the deceased alive on <b>10-12-1956</b> , and that death occurred at <b>12:40A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>James G. Dowdy, M.D.</b>	23b. ADDRESS <b>3720 Washington Boulevard</b>	23c. DATE SIGNED <b>15 Nov. 56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-15-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Essex Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Essex, Mo.</b>
DATE REC'D BY LOCAL REG. <b>JAN 14 '57</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Walter Britton Funeral Home, Likeston, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 *J. Edgar McMillan*

Licensed Embalmer No. *469*

P. O. Address *Charleston*

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.