. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1957

STATE FILE NUMBER 10622

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2256

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — Length of stay in 1b: 2days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY: ST. CLAIR
c. CITY OR TOWN: East St. Louis 8126 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 32 1451 Falling Springs — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First ROSCOE Middle — Last LEWIS

4. DATE OF DEATH: Month March Day 2, Year 1957

5. SEX: Male 2

6. COLOR OR RACE: Negro

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Aug. 25, 1901

9. AGE (In years last birthday): 55

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Mo. Pacific RR

11. BIRTHPLACE (City and state or country): Chandlers, Mississippi

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: GEORGE LEWIS

14. MOTHER'S MAIDEN NAME: SARAH STREET

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Pearl Lewis — Address: 1451 Falling Springs

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fracture of Skull;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Brain Injury;
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Surgical Shock with Coma operated by an Fred

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** X

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) Received Accident at 10th & Piggott Sts., East St Louis, Illinois about 750 Am., March 2nd 1957.

20c. TIME OF INJURY: Hour 750 a. m. Month, Day, Year 3.2.57

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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): 32 Street

20f. CITY, TOWN OR LOCATION: East St Louis — COUNTY: Ill — STATE:

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 1120 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James M Kelly Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 3-4-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3/4/57

23c. NAME OF CEMETERY OR CREMATORY: Booker Washington

23d. LOCATION (City, town, or county) (State): Centreville Township, Ill.

24. FUNERAL DIRECTOR — ADDRESS: Memorial Office E St Louis — Officer Funeral Home 7114 Ms ave

25. DATE REC'D BY LOCAL REG.: MAR 6 '57

26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ben H. Baldwin.....

Licensed Embalmer No. 242

P. O. Address 721 N. 26

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