

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14958**

FILED APR 26 1957

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3464**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE **MO** b. COUNTY **RANDOLPH**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **Carizo**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Miss. Pac. Hosp. Assy

STREET ADDRESS (If rural, give location)
3170 Route 1

3. NAME OF DECEASED
a. (First) **ASA** b. (Middle) **LEE** c. (Last) **LEWIS**

4. DATE OF DEATH (Month) (Day) (Year)
4 9 57

5. SEX **M** 6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Feb. 9, 1895

9. AGE (In years last birthday) **62** 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)
Refr. Loco Engnr.

10b. KIND OF BUSINESS OR INDUSTRY
Terminal R.R. Assy.

11. BIRTHPLACE (City and State or Foreign Country)
Piedmont, Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A

13a. FATHER'S NAME
Samuel Lewis

13b. MOTHER'S MAIDEN NAME
Mary Brewer

14. NAME OF HUSBAND OR WIFE
Ruth Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) **Yes World War I**

16. SOCIAL SECURITY NO.
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Georgia Williams 4219 Flad Ave.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Decomposition**
ANTECEDENT CAUSES DUE TO (b) **Arteriosclerotic heart disease**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
420.0

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3/4/1957** to **4/9/1957**, that I last saw the deceased alive on **4/8/1957**, and that death occurred at **4:35A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
[Signature]

23b. ADDRESS
Miss. Pac. Hosp.

23c. DATE SIGNED
4-9-57

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
Apr. 11, 1957

24c. NAME OF CEMETERY OR CREMATORY
National Cemetery

24d. LOCATION (City, town, or county) (State)
Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG.
APR 10 '57

REGISTRAR'S SIGNATURE
[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Kriegshauser 4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

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 *Edwin A. McArthur*.....

Licensed Embalmer No. *3024*

P. O. Address

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.