

Health, Welfare, Public Service

300 1-56

ALL diseases, in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STANDARD CERTIFICATE OF DEATH

18968

STATE FILE NUMBER 4571

FILED MAY 31 1957

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 5825 Pershing			Length of stay in lb 29 yrs. 2057	d. STREET ADDRESS (If outside, give location) 5825 Pershing	
3. NAME OF DECEASED (Type or print) First Middle Last SIMON LEWIS			4. DATE OF DEATH Month Day Year May 12, 1957		
5. SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Fruit & Produce	11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME (unk)			14. MOTHER'S MAIDEN NAME (unk)		
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. Unk.	17. INFORMANT Address Mrs. Cecelia Lewis 5825 Pershing		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Brain Injury; suffered</i> DUE TO (b) <i>when rung of ladder broke and</i> DUE TO (c) <i>deceased fell to concrete</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>wall at his home 5825</i>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" 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.) <i>Pershing Ave., about 800 am.,</i>				
20c. TIME OF INJURY Hour a. m. Month, Day, Year <i>800 - 51257 May 12 1957</i>	E 901.0				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>		COUNTY <i>Mo</i>	STATE <i>21</i>
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <i>4:59 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>James M. Keely</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>5-13-57</i>
23a. BURIAL, CREMATION, REBURYAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<i>Rem.</i>	<i>5/14/57</i>	<i>Chesed Shel-Emeth</i>		<i>University City, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Berger Memorial 4715 McPherson</i>			25. DATE RECD. BY LOCAL REG. <i>NOV 14 '57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

No. _____
 Merchant _____
 (name) _____
 Lewis & Produce _____
 (name) _____
 Mrs. Cecilia Lewis 5825 Permaine _____
 (name) _____
 5825 Permaine _____
 29 yrs. _____
 St. Louis _____
 Oct. 1, 1879 _____
 May 12, 1877 _____
 St. Louis _____
 St. Louis _____

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 *Lawrence J. Blair*
 Licensed Embalmer No. 39

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (1)
 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.