

FILED JUL 30 1957

STANDARD CERTIFICATE OF DEATH

23805

State File No. 23805

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 352

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Granite City</u>	
c. LENGTH OF STAY (In this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>2724 West 20th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) _____ c. (Last) <u>Lewis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 12, 1892</u>	9. AGE (In years last birthday) <u>65</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Solder Castings</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nat'l. Lead</u>	11. BIRTHPLACE (State or foreign country) <u>Alto Pass, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>? Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Leftie Lewis</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>333-03-5499</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond M. Lewis</u>	ADDRESS <u>Granite City, Mo.</u>
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18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Atelectasis & Pneumonia of lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 WK</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Ribs</u>		<u>10 days</u>
	DUE TO (c) <u>Crushing Chest Injury</u>		<u>10 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Contusions about head & body</u>		<u>10 days</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>8254 33</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>H.V. 3</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>McCLURE - ALEXANDER - ILL.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 9 57</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>AUTO ACCIDENT</u>
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22. I hereby certify that I attended the deceased from 7-9, 1957, to 7-19, 1957, that I last saw the deceased alive on 7-19, 1957, and that death occurred at 9:40 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>CAPE GIRARDEAU, MO. 1912 W. BROADWAY</u>	23c. DATE SIGNED <u>7-19-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-22-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Edwardsville, Illinois</u>
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DATE REC'D BY LOCAL REG. <u>7-23-57</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leona A. Davis</u>	ADDRESS <u>Granite City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 30 1933

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
Student Embalmer

Signed *H. H. Hansen*

Licensed Embalmer No. 2863

P. O. Address *Cape Girardeau, Mo.*

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 this body is not embalmed, fact should be so stated above.