

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29699

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7364**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri 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 Homer G. Phillips		Length of stay in lb 2 wks	d. STREET (If outside, give location) ADDRESS 4232 E. Cook		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rodger Middle Wendell Last Lewis			4. DATE OF DEATH Month 8 Day 3 Year 57		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 31, 1894	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supt.		10b. KIND OF BUSINESS OR INDUSTRY Metro Ins Co of Chicago		11. BIRTHPLACE (City and state or country) Pittsview, Alabama	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Gabriel Lewis		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		
16. SOCIAL SECURITY NO.			17. INFORMANT Address Xanthia Lewis, 4232 E. Cook		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fat Embolism of Cerebral Artery due to Fracture of Femur, Comminuted CONDITIONS (any which gave rise to above cause (b), caused the underlying cause last.) E9020 21 DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH Undet.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Passive Congestion of Lungs					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) fell from chair at home			
20c. TIME OF INJURY Hour Month, Day, Year a. m. 7-24-57 p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) at home		20f. CITY, TOWN, OR LOCATION St. Louis, Mo	
21. I attended the deceased from 3:30 P. to 8-3-57 and last saw him alive on 8-3-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Frank O. Richards, M.D.		22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 8-5-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/7/57		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetary	
23d. LOCATION (City, town, or county) St. Louis, Missouri		23e. (State)			
24. FUNERAL DIRECTOR Charles J. Gates, 4107 Finney		25. DATE RECD. BY LOCAL REG. AUG 7 '57		26. REGISTRAR'S SIGNATURE J. Earl Smith Jr.	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address 4107..Finn

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