

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007493

STATE FILE NUMBER

1658

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300

1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. City #1</b>		Length of stay in lb <b>40 yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>4643 Kennerly Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>GERTRUDE LEWIS</b>			4. DATE OF DEATH Month Day Year <b>Feb. 11, 1958</b>			
---	--	--	--	--	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 16, 1916</b>	9. AGE (In years last birthday) <b>41</b>	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, or if retired) <b>Sewing Mach. Oper.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Plastic Co.</b>	11. BIRTHPLACE (City and state or country) <b>Fulton County, Ky.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
--	---	---	---

13a. FATHER'S NAME <b>? Phelps</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Hayes</b>	14. NAME OF HUSBAND OR WIFE <b>Fred Lewis</b>
---------------------------------------	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>Fred Lewis</b>	Address <b>4643 Kennerly Avenue</b>
--	-------------------------	------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Mitral Regurgitation</b>		
DUE TO (c) <b>Hypertension</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.) <b>4210</b>
---	---

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	---	--	--

21. I attended the deceased from <b>January 19-58</b> , to <b>Feb. 10-58</b> and last saw her alive on <b>Feb. 10-58</b> . Death occurred at <b>8:45 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <b>D. J. Moore M.D.</b> (Degree or title)	22b. ADDRESS <b>2333 e. Franklin</b>	22c. DATE SIGNED <b>2/12/58</b>
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2/14/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
---	-----------------------------	---	---

24. FUNERAL DIRECTOR <b>Charles J. Gates</b>	ADDRESS <b>4107 Finney</b>	25. DATE RECD. BY LOCAL REG. <b>FEB 13 58</b>	26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>
---	-------------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Guyton Swann* .....

Licensed Embalmer No. 4580 .....

P. O. Address 4107 Finney Av .....

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.