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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1958

58-011930
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3109

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): City Hospital — Length of stay in 1b: 25
d. STREET ADDRESS (If outside, give location): 1209 Chambers — Reside on Farm Yes ☐ No X

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS: 1209 Chambers — 26

3. NAME OF DECEASED (Type or print): First: Bobby — Middle: Gene — Last: Lewis

4. DATE OF DEATH: Month 3 Day 14 Year 58

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** X **WIDOWED** ☐ 0 **DIVORCED** ☐

8. DATE OF BIRTH: 6-29-57

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months 8, Days 15; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St. Louis, Mo. 0

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

13. FATHER'S NAME: Jesse Lewis

14. MOTHER'S MAIDEN NAME: Beverly Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Jesse Lewis — Address: 1209 Chambers

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Subdural Hematoma, bilateral (a
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): E902.0 21.
INTERVAL BETWEEN ONSET AND DEATH:
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 X NO ☐ 1

20a. ACCIDENT X **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter injury in Part I or Part II of Item 18): Died in Hotel on Sabbath July 25d 1958.

20c. TIME OF INJURY Hour a. m. p. m.: 2 — Month, Day, Year: 25.58

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Hotel

20f. CITY, TOWN OR LOCATION: St Louis — COUNTY: MO — STATE:

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 6:44 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James M Kelly Deputy Coroner

22b. ADDRESS: 1300 Clark 3

22c. DATE SIGNED: 3-18-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-18-58

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): Normandy, Mo.

24. FUNERAL DIRECTOR: St. Louis Fun'l. Home — ADDRESS: 2205 St. Louis Ave.

25. DATE RECD. BY LOCAL REG.: MAR 18 58

26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 Robert M. Murray

Licensed Embalmer No. ...

P. O. Address St. Louis

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.