

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016087
State File No.

FILED MAY 8 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3945

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 23rd & Carr St.</i>		e. STREET ADDRESS (If rural, give location) <i>2121 Division Apt 305</i>	
3. NAME OF DECEASED a. (First) <i>Eloy</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5-5-58</i>	
b. (Middle)		c. (Last) <i>LEWIS</i>	
5. SEX <i>m</i>		6. COLOR OR RACE <i>col</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>6-20-1917</i>	
9. AGE (In years last birthday) <i>40</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>labor</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Cotton Plant Ark.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Jim Lewis</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Catherine Lewis</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Catherine Lewis</i> ADDRESS <i>10312 Hegginswell</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Edema and Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pneumonia</i>			
DUE TO (c) <i>Alcoholic Intoxication</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <i>1</i>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7:17 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>James M. Kelly</i>		23b. ADDRESS <i>31300 Blank</i>	
23c. DATE SIGNED <i>4-9-58</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>4-11-58</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Father Dixon Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>MO.</i>	
DATE REC'D BY LOCAL REG. <i>APR 9 58</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>W. G. GUSKOWE</i>		ADDRESS <i>2930 Dickson St.</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Leroy H. Gannister*

Licensed Embalmer No. *452*

P. O. Address *4257 Washington*

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.