. Health,
& Welfare
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All diseases in Part I must be causally related. Only standard nomenclature in Item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-045972
STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12785

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Homer G. Phillips — Length of stay in Ib: 27

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 ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4205 West Page — Reside on Farm: Yes ☐ No ☐

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

4. DATE OF DEATH: Month 12 Day 31 Year 58

5. SEX: Male 2

6. COLOR OR RACE: Negro

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ 3 **DIVORCED** ☒

8. DATE OF BIRTH: June 15, 1891

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 6 Days 16 — IF UNDER 24 HRS.: Hours — Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): Dennis, Kentucky

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

13a. FATHER'S NAME: Tommie Lewis

13b. MOTHER'S MAIDEN NAME: Laura Gilmore

14. NAME OF HUSBAND OR WIFE: Queenie Lewis

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

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Hattie Ruffin — Address: 4205 West Page

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): Pulmonary emphysema.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 527.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cirrhosis of liver, Arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH:

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

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

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.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 12-17-58, to 12-31-58 and last saw him alive on 12-31-58
Death occurred at 12:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. G. Fraser, M.D.

22b. ADDRESS: 2601 Whittier Street

22c. DATE SIGNED: 12-31-58

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

23b. DATE: 1-6-59

23c. NAME OF CEMETERY OR CREMATORY: Washington Park

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: E. B. Foance — **ADDRESS**: 1221 N. Grand Blvd.

25. DATE RECD. BY LOCAL REG.: JAN 5 '59

26. REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Nelson Blackburn

Licensed Embalmer No. 3962

P. O. Address 1221 N. Grand Blvd.

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.