

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007369  
STATE FILE NUMBER  
2050  
Registrar's No.

FILED MAR 10 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

300  
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. CITY OR TOWN <b>Winchester</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL <b>BARNES HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>R. R. # 2 Dist 4</b>	
3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>LUELLA</b> Last <b>LEWIS</b>		4. DATE OF DEATH Month <b>FEBRUARY</b> Day <b>24</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 28, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic Work</b>		11. BIRTHPLACE (City and state or country) <b>Winchester, Illinois.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Thomas Jefferson Lewis</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Mason</b>	14. NAME OF HUSBAND OR WIFE
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. <b>382-12-3103</b>	17. INFORMANT Address <b>Bernard Lewis, Winchester, Ill.</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>CEREBRAL VASCULAR ACCIDENT</b>			INTERVAL BETWEEN ONSET AND DEATH <b>36 HOURS</b>
DUE TO (b) <b>ARTERIOSCLEROSIS</b>			YEARS
DUE TO (c) <b>331XH</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>EPIDERMOID CARCINOMA OF FLOOR OF MOUTH WITH PERSISTENCE</b>			19. WAS AUTOPSY PERFORMED? <b>2</b> 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.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>FEB. 11, 1959</b> to <b>FEB. 24, 1959</b> and last saw her alive on <b>FEB. 24, 1959</b> Death occurred at <b>1:45 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>F.R. Bradley</b> M. D.		22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>2/24/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>2-26-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Winchester Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Winchester, Ill.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe 4700 Washington, Blvd.</b>		25. DATE RECEIVED BY REG. <b>FEB 26 59</b>	26. REGISTRAR'S SIGNATURE <b>Coal Smith. M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1950 MAR 11 11:44 AM

MAR 11 1950

### 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 ..... *Stanley H. DeLoe*

Licensed Embalmer No. *4193*  
P. O. Address *St. Louis, Mo.*

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.