

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015317

STATE FILE NUMBER

2 3184

FILED APR 20 1959 Registration District No. Primary Registration District No. Registration No.

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1-57
573
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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>CITY HOSPITAL</i> | | Length of stay in 1b <i>DOA</i> | d. STREET ADDRESS <i>508 Pine St. SHELBY HOTEL</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <i>RALPH LEWIS</i> | | | 4. DATE OF DEATH Month Day Year <i>MARCH 30 1959</i> | | |
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| 5. SEX <i>MALE</i> <input type="checkbox"/> | 6. COLOR OR RACE <i>WHITE</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>AUG 31, 1880</i> | 9. AGE (In years last birthday) <i>78</i> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>LABORER</i> | 11. BIRTHPLACE (City and state or country) <i>CLARKSVILLE, W. VA.</i> | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> |
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| 13a. FATHER'S NAME <i>-----LEWIS</i> | 13b. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i> | 14. NAME OF HUSBAND OR WIFE <i>DECEASED</i> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i> | 16. SOCIAL SECURITY NO. <i>NO</i> | 17. INFORMANT <i>HARRY HUFFMAN</i> Address <i>3545 IOWA</i> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <i>331X</i> | |
| | DUE TO (c) | |
| 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"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. |
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| 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 |
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21. I attended the deceased from *842A* to *9* and last saw her/him alive on *3/31/59*
Death occurred at *1200 Clark* on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree of Title) <i>Legat in Ziegenhein</i> | 22b. ADDRESS <i>1200 Clark</i> | 22c. DATE SIGNED <i>3/31/59</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i> | 23b. DATE <i>3/31/1959</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>ST. MATTHEW'S CEM.</i> | 23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i> |
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| 24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS</i> | ADDRESS <i>7027 GRAVOIS</i> | 25. DATE RECD. BY LOCAL REG. <i>MAR 31 '59</i> | 26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> |
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Donald E. Benz*

Licensed Embalmer No. *4163*

P. O. Address *H. Lee M.*

**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.**