

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021209

FILED VS. MAY 18 1960

318

Primary Registration District No. 1003

Registrar's No. 4875

STATE FILE NUMBER

NDSD

|  |  |   |  |   |  |  |   |   |                                |   |  |                |  |
|--|--|---|--|---|--|--|---|---|--------------------------------|---|--|----------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY                                      |  |  |   |   |                                |   |  |                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |  | Length of stay in 1b<br><b>15 yrs.</b>  |  | c. CITY OR TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |   |                                |   |  |                |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>4867 Farlin Ave.</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><b>4867 Farlin Ave.</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |                                |   |  |                |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Hezekiah</b> Middle <b>Lewis</b> Last <b>Lewis</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>5</b> Year <b>1960</b>  |  |  |   |   |                                |   |  |                |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>Negro</b>   |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH <b>6/20/1897</b>  |   | 9. AGE (last birthday) <b>62</b>  |                                | IF UNDER 1 YEAR<br>Months Days Hours Min. |  | IF UNDER 24 HR |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Disabled Train Porter</b>  |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Mo. Pac. R.R.</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Moscow Arkansas</b>                 |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                    |                                |   |  |                |  |
| 13a. FATHER'S NAME<br><b>Sidney Lewis</b>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Jennie (unknown)</b>  |  |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Joanna Lewis</b>                              |                                |   |  |                |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>W W I</b>   |  |   |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT Address<br><b>Hezekiah Lewis Jr. 4867 Farlin</b>                       |   |   |                                |   |  |                |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardiac Failure.</b><br>DUE TO (b) <b>Nephrosis</b><br>DUE TO (c) <b>Amyotrophic Lateral Sclerorosis</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>356.1</b> |  |   |  |   |  |  |   |   |                                | INTERVAL BETWEEN ONSET AND DEATH          |  |                |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.  |  | Month, Day, Year  |  |   |  |  |   |   |                                |   |  |                |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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   |                                |   |  |                |  |
| 21. I attended the deceased from <b>May 1948</b> to <b>May 5, 1960</b> and last saw her/him alive on <b>5-5-60</b><br>Death occurred at <b>10 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |   |  |  |   |   |                                |   |  |                |  |
| 22a. SIGNATURE <b>Russell D. White</b> (Degree or title)   |  |   |  |   |  | 22b. ADDRESS <b>1524 N. Sarah</b>  |   |   | 22c. DATE SIGNED <b>5/6/60</b> |   |  |                |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 23b. DATE <b>5/10/60</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>National Cemetery</b>  |  |  |   | 23d. LOCATION (City, town, or county) (State)<br><b>Jefferson Barracks, Mo.</b> |                                |   |  |                |  |
| 24. FUNERAL DIRECTOR<br><b>Gates Funeral Home</b> ADDRESS <b>4107 Finney</b>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 9 1960</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Loed Smith, M.D.</b>                                 |   |   |                                |   |  |                |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Guifon Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.