SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-022847
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5283

FILED JUN 16 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Montgomery
c. CITY OR TOWN Hillsboro
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Hillsboro Township
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First David Middle Ulis Last Lewis
4. DATE OF DEATH: Month June Day 4 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 2, 1901
9. AGE (last birthday): 60
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ILL Power & Light Co
10b. KIND OF BUSINESS OR INDUSTRY: Lineman
11. BIRTHPLACE (City and state or country): Montg. Co., Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Boone Ralph Lewis
13b. MOTHER'S MAIDEN NAME: Alva Etta Savage
14. NAME OF ~~HUSBAND~~ OR WIFE: Mildred 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.: Unknown
17. INFORMANT: Mildred Lewis Address: Hillsboro, Ill

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) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) coronary thrombosis, right coronary — 6 hours
DUE TO (c) cystic atherosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Uremia 420.1
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 Feb. 7 1958, to June 4 and last saw her/him alive on June 4 1961
Death occurred at 7:35A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph Edwards M.D.
22b. ADDRESS 3720 Washington Blvd St. Louis Mo
22c. DATE SIGNED 6-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6June1961
23c. NAME OF CEMETERY OR ~~CREMATORY~~ City cemetery
23d. LOCATION (City, town, or county) Hillsboro (State) Ill.

24. FUNERAL DIRECTOR ADDRESS O. E. Bass, Hillsboro, Ill.
25. DATE REC'D BY LOCAL REG. JUN 6 1961
26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed O E Barr

Signature of Student Embalmer

Licensed Embalmer No. 2675

P. O. Address Hillsboro, Il

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.