

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6221 STATE FILE NUMBER

FILED JUL 13 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>54 yrs</u>	c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3833 Ohio Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>H.</u> Last <u>LEWIS</u>			4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>1961</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/31/1888</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired body repair man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>public transport</u>	11. BIRTHPLACE (City and state or country) <u>Franklin County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Mose R. Lewis</u>	13b. MOTHER'S MAIDEN NAME <u>Mary (Fannie) Chrisco</u>	14. NAME OF HUSBAND OR WIFE <u>Leona Williams</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Leona Lewis, 3833 Ohio Avenue</u>	Address
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>(Occlusion) Coronary Infarct</u>	<u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Myocarditis</u>	<u>1 year</u>
	DUE TO (c) <u>Arterial Sclerosis</u>	<u>1 year</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		4201	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? 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.) <u>Natural Causes</u>
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20c. TIME OF INJURY Hour <u>7:50 P.</u> a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from <u>Jan 10 - 60</u> to <u>July 1 61</u> and last saw him alive on <u>June 20 61</u> Death occurred at <u>7:50 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Scott New, M.D.</u> (Degree or title)	22b. ADDRESS <u>6500 Chippewa</u>	22c. DATE SIGNED <u>7-3-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>7/5/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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24. FUNERAL DIRECTOR <u>BEIDERWIEN F.H. INC., 1936 St. Louis Ave.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>JUL 5 1961</u>	26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>
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STATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

Dr. Scott Heuer,
6500 Chippewa St.,
VE 2-4321

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 _____

Licensed Embalmer No. 4520

P. O. Address St. Louis

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.