

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8087

FILED SEP 6 1961

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTYc. CITY OR TOWN **St. Louis**Inside Limits  
Yes  No c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Louis-Little Rock Hospital, Inc.**Inside Limits  
Yes  No d. STREET ADDRESS (If outside, give location)  
**3510 Russell Blvd.,**Reside on Farm  
Yes  No 3. NAME OF DECEASED  
(Type or print)First **Ray**Middle **William**Last **Lewis**

4. DATE OF DEATH

Month **August**Day **29**Year **1961**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married  Never Married   
Widowed  Divorced 

8. DATE OF BIRTH

9. AGE (last birthday)  
**July 21, 1893 68 yrs.**IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Craftsman**10b. KIND OF BUSINESS OR INDUSTRY  
**Railroad**11. BIRTHPLACE (City and state or country)  
**Springfield, Mo.**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**James Lewis**

13b. MOTHER'S MAIDEN NAME

**Jane Tiller**

14. NAME OF HUSBAND OR WIFE

**Florence**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war & dates of service)  
**Yes**16. SOCIAL SECURITY NO.  
**Unknown**

17. INFORMANT

Address

**Florence Lewis, 3519 Russell, Ave.**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

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Arteriosclerosis Heart disease**

DUE TO (c)

**420.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Gastric Ulcers**

PART III. If deceased was female was there a pregnancy in last 90 days.

 Yes  No  Unknown19. 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 Month, Day, Year  
a.m. p.m.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 **Aug. 15, 1961**, to **Aug. 29, 1961** and last saw him alive on **Aug. 29, 1961**  
Death occurred at **12:45 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

**1755 S. Grand Blvd.**

22c. DATE SIGNED

**8-29-61**23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**23b. DATE  
**8-29-61**23c. NAME OF CEMETERY OR CREMATORY  
**Green Lawn Cemetery**23d. LOCATION (City, town, or county)  
**Springfield, Mo.**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Klingner Funeral Home****Springfield, Mo.**

25. DATE RECD. BY LOCAL REG.

**AUG 30 1961**

26. REGISTRAR'S SIGNATURE

**Earl Smith, M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 9 1963

SEP 10 1963

SEP 7 1963

**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 Edward R. Paulwell

Licensed Embalmer No. 4079

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.