SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-046567
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11608

FILED DEC 18 1961

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hospt St Louis-Little Rock Assn — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mississippi — b. COUNTY: Pike

c. CITY OR TOWN: McComb — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 503 West Michigan [illegible] — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First John — Middle Edward — Last Lewis Sr.

4. DATE OF DEATH: Month December — Day 12, — Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 3/19/1883

9. AGE (last birthday): 78 — 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): Pens - Agent

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): Pittmann, Ark.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

17. INFORMANT — Address: John E. Lewis Jr., McComb, Mississippi

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)	Acute Renal Failure	4 D
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arial Fibrillation	4 D
DUE TO (c)	Coronary Infarction 4201H	4 D

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ABDOMINAL OPERATION FOR CA. OF SIGMOID COLON

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.) 12 DAYS BEFORE DEATH —

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 11/9/61, to 12/12/61 and last saw her/him alive on 12/12/61

Death occurred at 1:00P M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.

22b. ADDRESS: 3720 Washington Blvd

22c. DATE SIGNED: 12 Dec 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12-13-61

23c. NAME OF CEMETERY OR CREMATORY: Hollywood Cemetery

23d. LOCATION (City, town, or county) (State): McComb, Miss.

24. FUNERAL DIRECTOR — ADDRESS: Albert H. Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: DEC 13 1961

26. REGISTRAR'S SIGNATURE: Hart Smith, M.D.

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

JAN 23 1962

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 John J. Haines

Licensed Embalmer No. 4108

P. O. Address St Louis 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.