

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5507-62-020668
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

FILED JUN 7 1962

VS 300
Rev. 4/59

1
2 **210**
3
4 **3**
5 **2**
6
7 **1**
8 **2**
9
10
11
12 **77-0**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. 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. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4330 St. Louis				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First Lottie Middle B. Last Lewis			4. DATE OF DEATH Month 5 Day 30 Year 62			5. SEX Female		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7 Feb 89		9. AGE (last birthday) 73		IF UNDER 1 YEAR Months 4 Days 24 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Tenn				11. BIRTHPLACE (City and state or country) U. S. A.				12. CITIZEN OF WHAT COUNTRY U. S. A.							
13a. FATHER'S NAME John Bell Lewis				13b. MOTHER'S MAIDEN NAME Beckie ?				14. NAME OF HUSBAND OR WIFE Dead				Address							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. No				17. INFORMANT Minus Douglas Lewis 1524 Cole				Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis and Bronchopneumonia										INTERVAL BETWEEN ONSET AND DEATH Undet.									
DUE TO (b) Aspiration										INTERVAL BETWEEN ONSET AND DEATH Undet.									
DUE TO (c) 332x										INTERVAL BETWEEN ONSET AND DEATH Undet.									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown									
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.)															
20c. TIME OF INJURY 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 5-16-62 to 5-30-62 and last saw her ^{her} _{sm} alive on 5-30-62 Death occurred at 1:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)						22b. ADDRESS 2601 N. Whittier Street			22c. DATE SIGNED 5-31-62										
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 6/5/62			23c. NAME OF CEMETERY OR CREMATORY Washington Park			23d. LOCATION (City, town, or county) (State) St. Louis County Mo										
24. FUNERAL DIRECTOR Herman J. Smith 4247/w LaBadie						25. DATE RECD. BY LOCAL REG. JUN 1 1962		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>											

77

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

Arthur L. Heilbard

Licensed Embalmer No. 4721

P. O. Address 3100 Costan Ave

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.