

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003773

1050

STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB

AMENDED

FILED FEB 8 1963

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 707 A., Beaumont ST Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO b. COUNTY _____
 c. CITY OR TOWN ST LOUIS MO Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 707 A., Beaumont Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
DAN LEWIS

4. DATE OF DEATH - Month Day Year
1 / 26 / 63

5. SEX male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1900 9. AGE (last birthday) 63yrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Jackson Tenn 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Unk Lewis 13b. MOTHER'S MAIDEN NAME Lulla Nealey 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of _____) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address Stanford White. 1410N Leffingwell Ave

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY...)
 IMMEDIATE CAUSE (a) Carcinoma of the right lung with Metastasis.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 163x
 DUE TO (c) _____
 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. 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 1:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L. Taylor, Coroner 22b. ADDRESS 1300 Clark Ave 22c. DATE SIGNED 1-31-63

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 3/1/63 23c. NAME OF CEMETERY OR CREMATORY Fater Dickson 23d. LOCATION (City, town, or county) (State) 408 S Fillmor

24. FUNERAL DIRECTOR ADDRESS Porter Funeral Home. 3028 Dickson 25. DATE RECD. BY LOCAL REG. JAN 31 1963 26. REGISTRAR'S SIGNATURE Roal Smith, M.D.

VS 300 Rev. 4/59

1
2 22
3
4 2
5 0
6
7 1
8 1
9
10
11
12 90-3
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

90

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 No Embalming
Oscar Montgomery
Licensed Embalmer No. _____

P. O. Address _____

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.