

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003775

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **990**

STATE FILE NUMBER

FILED FEB 8 1963			
<p>1. PLACE OF DEATH</p> <p>a. COUNTY: _____</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: CHRISTIAN HOSPITAL</p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE: Missouri COUNTY: _____</p> <p>c. CITY OR TOWN: St. Louis Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location): 2913a Harper St. Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;">First: Newell Middle: C. Last: Lewis</p>			
<p>4. DATE OF DEATH Month: January Day: 28 Year: 1963</p>			
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 1/23/1888</p>
<p>9. AGE (last birthday): 75</p>		<p>IF UNDER 1 YEAR Months: _____ Days: _____</p> <p>IF UNDER 24 HR Hours: _____ Min: _____</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Railroad Worker</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY: Railroad</p>	
<p>11. BIRTHPLACE (City and state or country): Jacksonville, Ill.</p>		<p>12. CITIZEN OF WHAT COUNTRY: U.S.</p>	
<p>13a. FATHER'S NAME: Clement Lewis</p>		<p>13b. MOTHER'S MAIDEN NAME: Laura Schambacker</p>	
<p>14. NAME OF HUSBAND OR WIFE: Lelah (Bridges) Lewis</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates or (if unknown)) No</p>	
<p>16. SOCIAL SECURITY NO.: _____</p>		<p>17. INFORMANT Address: 8 Lelah Lewis 2913a Harper St.</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) venous mesenteric thrombosis</p> <p style="text-align: center;">DUE TO (b) arteriosclerotic heart disease</p> <p style="text-align: center;">DUE TO (c) chronic emphysema</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Pneumonitis, base of both lungs</p>			<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>2 1/2 days</p> <p>8-10 years</p> <p>8-10 years</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420-0</p>		<p>20c. TIME OF INJURY Hour: _____ Month, Day, Year: _____</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	
<p>20f. CITY, TOWN, OR LOCATION COUNTY: _____ STATE: _____</p>		<p>21. I attended the deceased from Jan. 20, 1963 and last saw him alive on Jan. 29, 1963</p> <p>Death occurred at 1 o'clock P.M. 1/29/63 on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title): William H. Grundmann, M.D.</p>		<p>22b. ADDRESS: 634 N. Grand St. St. Louis 3</p>	
<p>22c. DATE SIGNED: 1/29/63</p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify): Entombment</p>	
<p>23b. DATE: 1/31/1963</p>		<p>23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum</p>	
<p>23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.</p>		<p>24. FUNERAL DIRECTOR ADDRESS: Morrell Mortuary 3710 North Grand</p>	
<p>25. DATE RECD. BY LOCAL REG.: JAN 30 1963</p>		<p>26. REGISTRAR'S SIGNATURE: Roan Smith, M.D.</p>	

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Loren E. Percy

Licensed Embalmer No. 4094

P. O. Address St. Louis, Mo.

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.