

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13740  
3603

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL #1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Othman</u> 2189	
		d. STREET ADDRESS (If rural, give location) <u>3815 Forest Park</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>LEWIS</u> c. (Last) <u>ARTHUR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 14 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6-23-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemist</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>59</u>
			11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
13a. FATHER'S NAME <u>William Arthur</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Lambert</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
14. NAME OF HUSBAND OR WIFE <u>Edith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Edith Arthur</u> ADDRESS <u>3815 Forest Park</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Occlusion</u>			<u>1wk</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary arteriosclerosis</u> ? years			
DUE TO (c) <u>generalized arteriosclerosis</u> ? years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebro-vascular thrombosis</u>			<u>1wk</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H2O1</u>	
22. I hereby certify that I attended the deceased from <u>4-7-51</u> , 19 <u>51</u> , to <u>4-14-51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-14-51</u> , 19 <u>51</u> , and that death occurred at <u>3:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Mary D. Bublic</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1515 Lafayette</u>	23c. DATE SIGNED <u>4-16-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>4-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington MO</u>
DATE REC'D BY LOCAL REG. <u>APR 17 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Rowland Mortuary Service Inc.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed.....

*Ronald O Yalmske*

Licensed Embalmer No. .... *3917* .....

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 this body is not embalmed, fact should be so stated above.