

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28593
State File No. 7848
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (In this place) **1 day**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Peoples Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Illinois** b. COUNTY **St. Clair**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **E. St. Louis**

d. STREET ADDRESS (If rural, give location) **2222 Kansas Avenue**

3. NAME OF DECEASED (Type or Print)

a. (First) **Lewis** b. (Middle) **Osborne** c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) **8-31-51**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**

8. DATE OF BIRTH **about May 1886** 9. AGE (In years last birthday) **65** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **laborer** 10b. KIND OF BUSINESS OR INDUSTRY **unemployed**

11. BIRTHPLACE (State or foreign country) **unknown** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **unk own** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **unknown**

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

16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS **2222 Kansas**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Intestinal Obstruction**

ANTECEDENT CAUSES **Jaundice of Liver**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____ DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **153X**

22. I hereby certify that I attended the deceased from **8/29**, 19**51**, to **8/31**, 19**51**, that I last saw the deceased alive on **8-31**, 19**51**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. F. Warden** (Degree or title) **D.D.** 23b. ADDRESS **920 N 2nd St St. Louis** 23c. DATE SIGNED **9/15**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9-4-51** 24c. NAME OF CEMETERY OR CREMATORY **E. St. Louis** 24d. LOCATION (City, town, or county) (State) **E. St. Louis, Illinois**

DATE REC'D BY LOCAL REG. **4 1951** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **P. J. Neek** ADDRESS **3844 Page**

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

FEB 15 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

C. J. Nash

Signed
Student Embalmer

Licensed Embalmer No. *2433*

P. O. Address *C. J. Nash*

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.