

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44821

State File No. _____

FILED JAN 28 1953

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BIRTH-NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis Mo</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis Mo</i>		d. STREET ADDRESS (If rural, give location) <i>3140 Easton</i>	
3. NAME OF DECEASED a. (First) <i>Lewis</i> b. (Middle) <i>Flora</i> c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) <i>12 24 52</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>1869</i>	
9. AGE (In years last birthday) <i>83</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>unk</i>		105. KIND OF BUSINESS OR INDUSTRY <i>unk</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13a. FATHER'S NAME <i>unk</i>		13b. MOTHER'S MAIDEN NAME <i>unk</i>		14. NAME OF HUSBAND OR WIFE <i>unk</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>unk</i>		16. SOCIAL SECURITY NO. <i>unk</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>T. E. Yastor 1300 Clark Ave.</i>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Fractures Skull, Right Temporal</i> DUE TO (c) <i>Buttchual Heart Tom. Deepened when Deceased, Apparently, fell from bed to Concrete Floor at his home in Decent</i>				INTERVAL BETWEEN ONSET, AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>at 3140 Easton on Dec. 20 - 1952 Exact time Unknown</i>				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) <i>Mo</i>		21f. HOW DID INJURY OCCUR <i>E9020</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <i>11:00</i> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. <i>21</i>			
23a. SIGNATURE <i>Joseph M. Dunn West Care</i>		(Degree or title)		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>12/31/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>1-31-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>JAN 14 1953</i>		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Rowland Mortuary Service</i>		ADDRESS <i>1108 Main Street</i>	

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

at College of Mortuary Science Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ralph W. Hemon

Licensed Embalmer No. 3791

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