

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 44852
Registrar's No. 11842

FILED JAN 29 1957

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>11842</u>			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>					
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 hrs</u>		c. CITY OR TOWN <u>Lemay 4870 0</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>610 Waller</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u> b. (Middle) <u>L.</u> c. (Last) <u>Lewis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1956</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 25, 1908</u>			
				9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Days _____ IF UNDER 10 MINS. Hours _____ Mins. _____			
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 <u>Monsanto Chem Co.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Leeper Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>Toney Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Lola Webb</u>		14. NAME OF HUSBAND OR WIFE <u>Muriel Lewis</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Muriel Lewis</u> ADDRESS <u>610 Waller Lemay</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ac. Cardiac in fact</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic coronary heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? <u>Yes</u> YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>420.1</u>						
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>1-15, 1954</u> , to <u>12-24, 1956</u> , that I last saw the deceased alive on <u>12-24, 1956</u> , and that death occurred at <u>8:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Lucian A. Greulich M.D.</u>				23b. ADDRESS <u>752 Leeway Ferry Rd</u>		23c. DATE SIGNED <u>12-26-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/27/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay 23 Mo.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 26 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co. 7420 Michigan</u>					

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 *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Michigan*

**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.**