

CERTIFICATE OF DEATH

STATE FILE NUMBER

124

68 0046834

1003

Registrar's No. 11422

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11422

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. John J. Lewis		2. Male	3. December 3, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 69	6. June 22, 1899	7a.
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7b. St. Louis, Missouri.		7c. Yes	
7d. Incarnate Word Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	
8. Missouri		9. U.S.A.	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
10. 500-16-7224		11. Widowed	
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. Maintenance Man		13b. Bussmann Mfg. Company	
RESIDENCE—STATE COUNTY		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
14a. Missouri		14b. Yes	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
14c. St. Louis		14d. 1912a Obear Avenue.	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. Andrew Lewis		16. Louise Cambell	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17a. Sylvia Ragan		17b. 3817 Wisconsin Street, St. Louis, Missouri.	
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Acute Cardiac Arrest			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) Atherosclerotic Heart disease +		2 mo	
DUE TO, OR AS A CONSEQUENCE OF:			
(c) Decomp + Bilateral pulmonary effusion			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)	
		19a. No	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK, (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	
20e.	20f.	20g.	
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON
21a. I ATTENDED THE DECEASED FROM	11 23 68	21b. 12 3 68	21c. 12 3 68
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH		
22a.	8:55 A.M.		
CERTIFIER—NAME (TYPE OF PRINT)	SIGNATURE		
23a. Andrew G. Klein M.D.	23b. Andrew G. Klein M.D.		
MAILING ADDRESS—CERTIFIER	CITY OR TOWN		
23d. 4632 So Grand Blvd.	23e. St. Louis		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		
24a. Removal	24b.		
DATE (MONTH, DAY, YEAR)	LOCATION CITY OR TOWN STATE		
24c. 12-6-68	24d. Ironton Missouri.		
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	DATE SIGNED (MONTH, DAY, YEAR)		
25a. White Funeral Home, Ironton, Missouri.	25b. 12-4-68		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE		
25c. Lawrence L. Meyer	25d. Stan Smith M.D.		
DATE RECEIVED BY LOCAL REGISTRAR			
26a. DEC 4 1968			

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.