

FILED

CERTIFICATE OF DEATH

Registration District No. **317**

Primary Registration District No. **500**

Registrar's No.

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. ROBERT L. LEWIS					2. MALE	3. APRIL 3, 1972	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		5a. AGE—LAST BIRTHDAY (YEARS)		5b. MONTHS	5c. DAYS	6. DATE OF BIRTH (MONTH, DAY, YEAR)	
4. WHITE		5a. 59				6. AUG 29, 1912	
7a. CITY, TOWN, OR LOCATION OF DEATH		7b. INSIDE CITY LIMITS (SPECIFY YES OR NO)		7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. JEFFERSON BARRACKS, MO.		7b. NO		7c. VETERANS ADMINISTRATION HOSPITAL			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		9. CITIZEN OF WHAT COUNTRY		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. MISSOURI		9. U.S.A.		10. MARRIED		11. ALMORSE WIGGS	
12. SOCIAL SECURITY NUMBER		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		13b. KIND OF BUSINESS OR INDUSTRY			
12. 1489-12-3717		13a. LABORER					
14a. RESIDENCE—STATE		14b. COUNTY		14c. CITY, TOWN, OR LOCATION		14d. STREET AND NUMBER	
14a. MISSOURI				14c. SAINT LOUIS		14d. 1018 HORNSBY	
15. FATHER—NAME		FIRST	MIDDLE	LAST	16. MOTHER—MAIDEN NAME		
15. LIE				ROBERT	16. LIZZIE SEACRESE		
17. INFORMANT—NAME				17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. ALMORSE LEWIS				17b. 1018 HORNSBY, SAINT LOUIS, MO. 63117			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
18. IMMEDIATE CAUSE							
(a) ACUTE MYELOBLASTIC LEUKEMIA							
DUE TO, OR AS A CONSEQUENCE OF:							
(b)							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a)							
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.			
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)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20a.		20b.		20c.		20d. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK	
CERTIFICATION—PHYSICIAN:		MONTH		DAY		YEAR	
21a. VA		MAR 28, 1972		APR 3, 1972		APR 3, 1972	
21b. DECEASED FROM		21c. HOUR OF DEATH		21d. THE DECEASED WAS PRONOUNCED DEAD		21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21b. APR 3, 1972		21c. 1:30 P		21d. DID		21e. 1:30 P	
22. 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.		22a. CERTIFIER—NAME (TYPE OR PRINT)		22b. SIGNATURE		22c. DEGREE OR TITLE	
		22a. CHARLES T. TAN, M.D.		22b. <i>Charles T. Tan</i>		22c. APRIL 3, 1972	
23a. MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a. VETERANS ADMINISTRATION HOSPITAL, SAINT LOUIS, MISSOURI 63125							
24a. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
24a. Removal		24b. Wilson Cemetery		24c. Lincoln Co., Mo.			
24d. DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
24d. 4-6-72		24e. McCoy - Paul Funeral Home, Troy, Missouri. 63379		24f. 63379			
25a. FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. <i>Lawrence E. Meyer</i>		25b. <i>John G. Murphy</i>		25c. APR 5 1972			

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

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