

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

9827

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1903**

City **St. Louis** (No. **City Hospital**)

File No.

Registered No. **2142**

St. Ward

2. FULL NAME

(a) Residence No. **3603/279** St. **26** Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred **8** yrs. **8** mos. **4** da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single.

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 3 1927**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from **June 28 1927** to **March 3 1927** that I last saw him alive on **March 3 1927** and that death occurred, on the date stated above, at **11:30 a.m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 3 1896**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS **30** MONTHS **11** DAYS If LESS than 1 day, hrs. or min.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
19. DID AN OPERATION PRECEDE DEATH? DATE OF
20. WAS THERE AN AUTOPSY?
21. WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **R.M. Smith**, M.D.
3/3 1927 (Address) **City Hospital**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Inspection**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Illinois**

10. NAME OF FATHER **Karr Lewis**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Illinois**

12. MAIDEN NAME OF MOTHER **Effie Tuttenberg**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Illinois**

14. INFORMANT

(Address) **City Hospital**

15. FILED

Max G. Starkeoff

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **20. DATE OF BURIAL**

Nashville Ills **March 4 1927**

20. UNDERTAKER

ADDRESS

Math Herman, Room 4103 House at

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

Rice