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

Do not use this space.

38476

1. PLACE OF DEATH

County..... Registration District No. 791

Township St. Louis Primary Registration District No. 1003 File No.....

City St. Louis, Mo. (No. 4130 St. Louis Ave. St. ..... Ward) Registered No. 11150

2. FULL NAME Joseph Lewis

(a) Residence. No. 4130 St. Louis ave St. 11 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20-1861.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
66	6	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Electrician
(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) Ill.

PARENTS

10. NAME OF FATHER Frank Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) Unknown

14. INFORMANT Minnie C. Lewis
(Address) 4130 St. Louis Ave.

15. FILED DEC 13 1927 Max C. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12 - 1927.

17. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1927, to Dec 12, 1927, that I last saw him alive on Dec. 12, 1927, and that death occurred, on the date stated above, at 5:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma

non Tubercular (duration) ..... yrs. 3 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exa. only

(Signed) John Cameron, M. D.

12/13, 1927 (Address) Metropolitan Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. | DATE OF BURIAL Dec 15 - 1927.

20. UNDERTAKER Ziegenhein Bros. | ADDRESS 2623 Cherokee St.

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