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

Do not use this space.

19434

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis (No. 2524 N 21 St ..... St. ..... Ward)

File No. .....

Registered No. 5876

2. FULL NAME Lulu J Lewis

(a) Residence. No. ..... 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 ..... 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)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	43	8	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(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) St Louis

PARENTS

10. NAME OF FATHER Aug May

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

12. MAIDEN NAME OF MOTHER Minnie Goehman

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

14. INFORMANT John Lewis
(Address) 2524 N 21 St.

15. FILED MAY 31 1928, 19.. Max C Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-31-1928

17. I HEREBY CERTIFY, That I attended deceased from May 21st, 1928, to May 31st, 1928 that I last saw her alive on May 30th, 1928, and that death occurred, on the date stated above, at 6 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis 9[illegible] 11[illegible]

908

(duration) ..... yrs. 18 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bronchial Asthma non Tubercular (duration) 4 yrs. ..... 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? Dermal Tests

(Signed) Edwin J Frorlich, M.D

5/31, 1928 (Address) 2806 N. 12th St

*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	DATE OF BURIAL
New Bethlehem	6/2 1928.
20. UNDERTAKER	**ADDRESS**
Theo W. Beiderwieden	1936 St Louis

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.