

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

Do not use this space.

21799

1. PLACE OF DEATH

County St. Louis
Township Central
City Richmond Heights

Registration District No. 1170
Primary Registration District No. 6248H

File No. _____
Registered No. 134
St. _____ Ward)

2. FULL NAME

(a) Residence. No. 7412 Ethel Ave St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19, 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	—	—	<u>15</u>	—

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employee) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Richmond Heights
(STATE OR COUNTRY) _____

10. NAME OF FATHER Robert B. Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Crawford County
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary Reid

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

14. INFORMANT Robert B. Lewis
(Address) 7412 Ethel Ave

15. FILED 6/3 1928 B. L. Jensen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1928

17. I HEREBY CERTIFY, That I attended deceased from May 19, 1928, to June 3, 1928, that I last saw h. a. alive on June 3, 1928, and that death occurred, on the date stated above, at 5:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Umbilical Hemorrhage
1610 (duration) yrs. mos. 1 da.
CONTRIBUTORY Ichterus Neonatorium
(SECONDARY) (duration) yrs. mos. 6 da.

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? L.P. Hough
(Signed) _____, 19 _____ (Address) 2121 W. Pine St. St. Louis, Mo.

*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 New St. Marcus Cemetery DATE OF BURIAL 6-4 1928

20. UNDERTAKER Kuehner & Co. ADDRESS Manchester Ave

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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

