

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

Do not use this space.

21916

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

File No.....

Township.....

Primary Registration District No.....

1003

Registered No.....

6041

City.....

(No. of Hospital).....

Ward.....

**2. FULL NAME**

*Emily Westwood Lewis*

(a) Residence. No.....

(Usual place of abode)

*#12 Nortense Pl. St. Louis*

(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**

*Female*

**4. COLOR OR RACE**

*White*

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

*Married*

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF  
(OR) WIFE OF

*Joseph Lewis*

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

*Feb'y, 14<sup>th</sup> 1878*

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*50.*

*3.*

*22.*

**8. OCCUPATION OF DECEASED**

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

*At Home*

(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)

*Philadelphia Pa.*

**10. NAME OF FATHER**

*Wm. Clay Westwood*

PARENTS

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Maryland*

**12. MAIDEN NAME OF MOTHER**

*Louisa Johnson*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Pennsylvania*

**14. INFORMANT**

(Address)

*Joseph Lewis #12 Nortense Pl.*

**15. FILED**

*Jan -5 1929*

*Wm C Stark*

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*June 5<sup>th</sup> 1928*

**17.**

I HEREBY CERTIFY, That I attended deceased from

*Oct 3*, 19*19*, to *Jan 5*, 19*28*.

that I last saw him alive on *Jan 5*, 19*28*, and that

death occurred, on the date stated above, at *8 a.* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Pneumonia*

**CONTRIBUTORY (SECONDARY)**

*Agarulocytic angina*

(duration).....yrs.....mos. *8* ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**19. DID AN OPERATION PRECEDE DEATH?**

*no*

DATE OF

WAS THERE AN AUTOPSY?

*no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Albert E. Taussig*

M. D

*June 5, 1928 (Address) 3720 Washington*

\*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

*Bellefontaine*

*June 6<sup>th</sup> 1928*

**20. UNDERTAKER**

*C. R. Lupton*

ADDRESS

*1449 Olive 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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1

3720 2-1-0