

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

Do not use this space.

42224

JAN 28 1929

**1. PLACE OF DEATH**

County St. Charles Registration District No. 757  
 Township St. Charles Primary Registration District No. 5998  
 City St. Charles (No. County any else) St.            Ward           

File No.             
 Registered No. 193

**2. FULL NAME**

Lee Lewis  
 (a) Residence No. 407 Houston St.,            Ward             
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs.            mos. 1 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-13-1888

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>          </u> hrs. or <u>          </u> min.
	<u>40</u>	<u>8</u>	<u>11</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) St. Charles  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Sam Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)             
 (STATE OR COUNTRY) No History

12. MAIDEN NAME OF MOTHER Emma Salmon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)             
 (STATE OR COUNTRY) No History

14. W.A. INFORMANT Wm. A. Helzlsouer  
 (Address) St. Charles, Mo

15. FILED 1/3 29 By G. Bloebaum  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 24 1928, to Dec 24 1928, that I last saw him alive on Dec 24 1928, and that death occurred, on the date stated above, at 2:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia  
1074  
1074  
75  
 (duration) 3 yrs.            mos.            ds.  
 CONTRIBUTORY Alcoholism  
 (SECONDARY) (duration) 7 yrs.            mos.            ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF           

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chloroform Symples  
 (Signed) J. B. Bledsoe, M. D.  
12-28, 1928 (Address) St. Charles, 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 Dak Grove Cemetery DATE OF BURIAL Dec 26 1928

20. UNDERTAKER W. H. Sweeney & Son ADDRESS St. Charles, Mo

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 OBTAINING THE...

