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

Do not use this space.

8829

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2505

City St Louis (No. 5609a Theodosia Ave St. ..... Ward)

2. FULL NAME William Harold Lewis

(a) Residence. No. 5609a Theodosia St., 6 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: Male
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 Sarah B Lewis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30, 1856

7. AGE: 73 YEARS, 0 MONTHS, 24 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

1

PARENTS

10. NAME OF FATHER: Samuel Lewis

2

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

12. MAIDEN NAME OF MOTHER: Jennie Donovan

2

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

14. INFORMANT: Mrs Sarah B Lewis
(Address) 5609a Theodosia

15. FILED FEB 25 1929, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24, 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1928 to Feb 24, 1929 that I last saw him alive on Feb 24, 1929, and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

97

Arterio Sclerosis

(duration) yrs. 4 mos. 16 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) yrs. 4 mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED? NB

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) D M Gibson, M. D

, 19 (Address) 4337 Washington Bl

*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: Park Lawn — DATE OF BURIAL: Feb 27, 1929

20. UNDERTAKER: Drehmann Hanal — ADDRESS: 1905 Union

A. D. Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.