

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

Do not use this space.

35753

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 003
City St. Louis (No. City Hospital #2)

File No.....
Registered No. 10549
St. Ward)

2. FULL NAME

Howard F. Lewis
(a) Residence. No. 402 Fillmore Kirkwood Mo.
(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. 21 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 2 22

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

9. BIRTHPLACE (CITY OR TOWN) Stanford Conn
(STATE OR COUNTRY)

10. NAME OF FATHER Chas Lewis

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

12. MAIDEN NAME OF MOTHER Mary Hill

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

14. INFORMANT Edna Lewis
(Address) Kirkwood Mo

15. FILED 23, 1929 May C. Starks
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26-29

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 7:50 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningeal
soft Apoplexy
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) HTA
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF.....
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. W. Kerney, M.D.
10/28/29 (Address) Dep. Coroner

*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 Stanford Conn. DATE OF BURIAL Oct 28 19 29

20. UNDERTAKER W. C. Gordon and Co ADDRESS 2649 Mangrove St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

