

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

1003

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **City Hospital #2**)

File No. **7396**

7396

Registered No. **1712**

1712

St. Ward)

2. FULL NAME

(a) Residence. No. **3047 CLARA** St. **18** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred, **58** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M		4. COLOR OR RACE @		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) MARRIED	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LIVA LEWIS					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) UNKNOWN					
7. AGE YEARS alt. 58		MONTHS —		DAYS —	
		If LESS than 1 day, hrs. —		or min. —	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work COMM. LABOR (b) General nature of industry, business, or establishment in which employed (or employer) — 239 (c) Name of employer					

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **2-6-1931**

17. I HEREBY CERTIFY, That I attended deceased from **2-1-1931**, to **2-6-1931**, that I last saw him alive on **2-6-1931**, and that death occurred, on the date stated above, at **6:10 p. m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
MENINGITIS (STREPTOCOCCUS)
909
95A
W (duration) yrs. mos. **6** ds.

CONTRIBUTORY (SECONDARY) **ABSCESS OF BRAIN**
cause unknown (duration) yrs. **3** mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH. **NO** DATE OF **—**

WAS THERE AN AUTOPSY? **YES**

WHAT TEST CONFIRMED DIAGNOSIS? **Autopsy / CLINICAL X-RAY**
(Signed) **Henry C. Lupton** M. D.

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
(STATE OR COUNTRY)

10. NAME OF FATHER **GEORGE LEWIS**

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

12. MAIDEN NAME OF MOTHER **JENNIE BROADWATER**

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

14. INFORMANT **A. GERTRUDE OREATH**
(Address) **CITY HOSPITAL #2**

15. FILED **10 10 31** **Map E. St. Louis**
REGISTRAR

*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 **Father Dickerson Cem** DATE OF BURIAL **Feb 10 1931**

20. UNDERTAKER **Wm Bartwright** ADDRESS **2775**
Chatham

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 PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

1950

1951

1952

1953