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.

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

Do not use this space.

26841

File No.

Registered No. 8040

1. PLACE OF DEATH

County

Township

City St Louis (No. 4429 Enright St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Caroline Lewis

(a) Residence. No. 4429 Enright St. 11 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: Female

4. COLOR OR RACE: Col

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18 1849

7. AGE: YEARS 82 MONTHS 6 DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER: Thebold Ealy

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

12. MAIDEN NAME OF MOTHER: Mary Relay

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

14. INFORMANT: Hattie C Lewis
(Address) 4429 Enright

15. FILED 21 1931 Max C. Farley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1931

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1931, to July 19, 1931, that I last saw her alive on July 19, 1931, and that death occurred, on the date stated above, at 6 P 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heat Prostation, acute dilatation of the heart.
92C
45B
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Rheumatic Endocarditis, chronic (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? NO DATE OF —
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) M. D. Jennings, M. D.
July 20, 1931 (Address) 4101 Washington Blvd.

*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: Washington Park — DATE OF BURIAL: July 21 1931

20. UNDERTAKER: J. W. Hughes — ADDRESS 2620 Lawton