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.

42303

File No. 42303

Registered No. 12192

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1013

City ST. LOUIS MO. (No. DEACONESS HOSPITAL. St. ..... Ward)

2. FULL NAME DOROTHY MURRAY LEWIS.

(a) Residence. No. 3207 EDGAR AVE. MAPLEWOOD St., 4 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
FEMALE.	WHITE.	DIVORCED.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/19/1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	8	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work HOUSEWORK.

(b) General nature of industry, business, or establishment in which employed (or employer) HOME.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY.

PARENTS

10. NAME OF FATHER CHARLES MARSAU.

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

12. MAIDEN NAME OF MOTHER MARGARET KELTING.

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

14. INFORMANT Mrs Wm J. McNamara
(Address) 3207 Edgar, Maplewood Mo

15. FILED DEC -8, 1931 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/6/31. 1871 19 —

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1931, to Dec 6, 1931 that I last saw her alive on Dec 6, 1931, and that death occurred, on the date stated above, at 10-45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

8 DA (duration) ..... yrs. ..... mos. 26 ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 26 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? 3207 Edgar Ave

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. M. Barnes, M. D

, 19 (Address) University Club Bldg

*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	DATE OF BURIAL
OAK GROVE CEMETERY	12/9/31. 19

20. UNDERTAKER Provost Und. Co ADDRESS 3710 N. Grand.