

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

Do not use this space.

14222

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis Mo** (No. **City Hospital 2**) St. Ward.

File No.
 Registered No. **3558**
 St. Ward)

2. FULL NAME

(a) Residence, No. **248 Jackson** St., **H** 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 <i>Male</i>	4. COLOR OR RACE <i>Coe</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <i>Lucinda Lewis</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>10-15-75</i>		
7. AGE	YEARS <i>56</i>	MONTHS <i>5</i>
	DAYS <i>23</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Building</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Laborer 42</i>	
	10. Date deceased last worked at this occupation (month and year) <i>Unknown</i>	
	11. Total time (years) spent in this occupation <i>Unknown</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss 2</i>		
FATHER	13. NAME <i>Sam Lewis</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>A Citywide Health City Hospital</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>4/12/32</i>		
19. UNDERTAKER (ADDRESS) <i>Peoples Sundry Co 3160 Franklin Ave</i>		
20. FILED <i>AM 11 1932</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-8-1932*

22. I HEREBY CERTIFY, That I attended deceased from *3-29-32* to *4-8-1932*

I last saw him alive on *4-8-10, 1932* Death is said

to have occurred on the date stated above, at *11A* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Cerebral Hemorrhage
Chronic Myocarditis
Chronic Nephritis
Myocarditis

Other contributory causes of importance:

Name of operation *Op. Lab* Date of *4-8-32*
 What test confirmed diagnosis? *Op. Lab* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19 ..
 Where did injury occur?
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Crubsmith* M. D.
 (Address) *CITY HOSP. NO. 2*

Registrar.

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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.

