

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

Do not use this space.

14743

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis MO (No.     )

Registration District No. 781  
Primary Registration District No. 000  
Alexian Bro. Hospital

File No. ....  
Registered No. 4141 St. .... Ward)

**2. FULL NAME**

Harold Lewis

(a) Residence No. .... St. 24 Ward. East St. Louis Ill R.R. #1  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. 5 mos. — ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 27, 1932

17. I HEREBY CERTIFY, that I attended deceased from Nov. 27, 1927 to April 27, 1932 that I last saw him alive on April 27, 1932, and that death occurred, on the date stated above, at 1:40 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Post-Operative shock  
1 1/2 hrs (duration) yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Osteomyelitis of left tibia (duration) yrs. 5 mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED None  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 27, 1932  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
Geo. Carroll Smith, M.D.  
(Signed) Alexian Bros. Hospital  
.19 (Address)

\*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 Palmer Hill Ill DATE OF BURIAL April 30, 1932

20. UNDERTAKER Albert L. Daskew ADDRESS Dupo Ill.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4-1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
	<u>10</u>	<u>4</u>	<u>23</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Bradford Penn.  
(STATE OR COUNTRY)

10. NAME OF FATHER Ira Lewis

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

12. MAIDEN NAME OF MOTHER Nevil Opa

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

14. INFORMANT Ira Lewis  
(Address) East St. Louis R #1 Ill

15. FILED 28 1932 May 1 Harold C. Stanley REGISTRAR

Exact statement of OCCUPATION is very important.

