

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

Do not use this space.

24017

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 790  
 2 Township Central Primary Registration District No. 6033  
 7 City Clayton (No. St. Louis County Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 91325 Broadway Ward. \_\_\_\_\_ (5 1/2 months)  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) new-born  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_ (11 1/2 yrs)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-32  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 4 20  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton - 1

13. NAME Alvin Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edmon, Kan

15. MAIDEN NAME Bessie Vickus

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mt New Ind

17. INFORMANT Mrs Lewis  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery DATE 7-27 1932

19. UNDERTAKER Louis H. Bobb  
 (ADDRESS) 1514 Wood

20. FILED July 27 1932 R. W. Sullivan  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16 1932

22. I HEREBY CERTIFY, That I attended deceased from 7/14 at 11:30 PM 1932 until July 15 at 12:00 PM 1932  
 I last saw h. c. r. alive on 7/15/32 at 11:30 AM Death is said to have occurred on the date stated above, at 1:15 m.

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

Prematurity  
159 / 159  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) John A. Rogers, M. D.  
 (Address) Clayton 790

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.

AUG 27 1932

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

