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

Do not use this space.

33498

File No.
Registered No. 343

1. PLACE OF DEATH
County: Lawrence
Township: Carondelet
City: (No. Koch St. Ward)
Registration District No. 1123
Primary Registration District No. 6248 13

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2. FULL NAME: Juanita Lewis
(a) Residence, No. 1115 N. Vandeventer St., St. Louis, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 28 1932

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Separated (M)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 14, 1911.

7. AGE: Years 21 Months 2 Days 4 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 295
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): St. Louis, Mo.

FATHER
13. NAME: James Pelson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Stella Foster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): Hospital Record

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Green Woodlawn DATE: Oct 22, 1932

19. UNDERTAKER: W. S. Wade Undg. Co.
(ADDRESS): 4202 Finney Ave.

20. FILED: Oct. 18, 1932 L. C. Obrock M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1932, to Oct. 18, 1932
I last saw her alive on Oct 18, 1932. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral Pulmonary Tuberculosis with cavitation | 10 mo |
| 2 3/4 4 2/3 | 4 |
| 2 5 2 3 | |

Other contributory causes of importance:
Gastro Intestinal Tuberculosis
Mitral Insufficiency

Name of operation: Date of
What test confirmed diagnosis? X Ray, P.M. 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? No
If so, specify
(Signed) Melvin Fess, M. D.
(Address) Koch Mo.

V. S. No. 2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.