

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

Do not use this space.

28366

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10023
City St. Louis (No. 4911 Palm st)

File No.....
Registered No. 7520
St..... Ward.....

2. FULL NAME Sylvester Grant Lewis

(a) Residence, No. St. 6 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate &
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building
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) New Jersey
13. NAME Benjamin Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Annie Lewis (ADDRESS) 4911 Palm st.
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Sep 2 1933

19. UNDERTAKER Wm. M. Schumacher (ADDRESS) 4534 Natural Bridge av
20. FILED 00 31 11 19 J. F. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-30-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-27-1933, to 8-30-1933
I last saw him alive on 8-30-1933 Death is said to have occurred on the date stated above, at 20 m.

The principal cause of death and related causes of importance were as follows:
Epidemic encephalitis Date of onset 8-24-33

Other contributory causes of importance:
Diabetes Mellitus
Nephritis Chronic
Hypertension

Name of operation none Date of.....
What test confirmed diagnosis Phys. Exam. 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? No
If so, specify E. A. Lunsche, M. D.
(Signed) (Address) 4585 Natural Bridge

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.

SEP 26 1933

1552

31

19. 1880
1885 A. W. B. B. B.