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.

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

Do not use this space.

34921

File No.

Registered No. 9100

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. City Hospital 2 St. Ward)

Registration District No. 791

Primary Registration District No. 7968 4

2. FULL NAME Tom Lewis

(a) Residence, No. 1005 N 14th St., 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-27-1883

7. AGE: Years 50 Months 6 Days 21 If LESS than 1 day, ...hrs. or ....min.

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. Labor

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) Fla

FATHER

13. NAME Holman Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

17. INFORMANT (ADDRESS) Abyrtude Cuth City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Holly Digton DATE 10-23, 1933

19. UNDERTAKER (ADDRESS) Ellis Funeral Home 2820 Stoddard St.

20. FILED OCT 23 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1933, to 10-18-, 1933

I last saw him alive on 10-18-, 1933. Death is said to have occurred on the date stated above, at 11 a.m.

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

	Date of onset
127B	
Chronic Cholecystitis	

Other contributory causes of importance:

Name of operation Removal of Gall Bladder Date of 10-13-33

What test confirmed diagnosis? Was there an autopsy?

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) O. G. Johnson, M. D.

(Address) City Hospital 2