

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

Do not use this space.

38640

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... *St. Louis Mo*

Registration District No. **791**  
**303**  
Primary Registration District No. ....  
No. *Barnes Hospital*

File No. ....  
Registered No. **10308**  
St. .... Ward)

**2. FULL NAME** *Florence Ruth Lewis*

(a) Residence, No. *4375 Rees Hill Rd* St. *17* Ward.

*Webster Groves Mo*  
(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 *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 26-1912*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
*21 4 3*

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at school*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Past Graduate Work Washington Univ.*  
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) *Indianapolis Indiana*

MOTHER FATHER  
13. NAME *Franklin H. Lewis*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Morgan Co Indiana*

15. MAIDEN NAME *Lynthia Meyer*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alton Oregon*

17. INFORMANT (ADDRESS) *Franklin H. Lewis's Rd 1437 S. Hooker St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Hill* DATE *Dec 1* 19*33*

19. UNDERTAKER (ADDRESS) *Parker Undert Co Webster Groves Mo*

20. FILED *120 - 1 14 1933* *J. J. Beckel* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11 29 - 1933*

22. I HEREBY CERTIFY, That I attended deceased from *11 - 29 - 1933* to *11 - 29 - 1933*

I last saw h. *ee* alive on *11 - 29 - 1933*. Death is said

to have occurred on the date stated above, at *509 a.m.*

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

*Dietary malnutrition*  
*59*  
*59*  
Other contributory causes of importance:  
*nutritious, Gums*

Name of operation..... Date of.....

What test confirmed diagnosis? *Thyroid* 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) *Samuel D. Thompson*, M. D.  
(Address) *3720 W. 14th St. St. Louis Mo*

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.

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