

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

Do not use this space.

15270

**JUN 19 1934**

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis

(No. City Hosp. 2)

File No. ....

Registered No. **4599**

St. .... Ward)

**2. FULL NAME** John Lewis

(a) Residence, No. 4105 W. Florentine St., 9 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 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 Mary Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1885

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>49</u>	<u>4</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

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) Macon Miss.

13. NAME John Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Miss.

15. MAIDEN NAME Willie Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Miss.

17. INFORMANT Mary Lewis (ADDRESS) 1247 10 Ave. St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis Ill. DATE 5/6 1934

19. UNDERTAKER R. M. C. Green (ADDRESS) 3517 Page Ave.

20. FILED 5 1934 J. H. Beedick Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from .....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 1 P. m.

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

Fracture Skull - Laceration of Brain - Fracture Rib - Age necrosis - Abdominal Haemorrhage - Rupture Liver  
Deceased when struck by Automobile (Pedestrian)

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

What test confirmed diagnosis?..... 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 4/29, 1934

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury..... Struck by Auto

Nature of injury..... Fracture Skull etc.

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Harold G. Phay

(Address) St. Louis

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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