

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **Saint Louis** (No. **City Hospital No. 2**)

File No. **27304**
 Registered No. **7545**
 St. Ward)

2. FULL NAME Beverly Lewis

(a) Residence, No. 4263W Cook Avenue St. // Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** | 4. COLOR OR RACE **Colored** | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

5A. ~~WIDOWED, OR DIVORCED~~
 HUSBAND OF ~~XXXXXXXX~~
 OF ~~XXXXXXXX~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14th, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 2 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Unemployed**
 10. Date deceased last worked at this occupation (month and year) **Unavailable** | 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mississippi

13. NAME Beverly Bailey

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

15. MAIDEN NAME Laura Gustard

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

17. INFORMANT Mrs. Alice Lewis (ADDRESS) 4263W Cook Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington P DATE July 28, 1934

19. UNDERTAKER Charles G. Bates (ADDRESS) 4107 Finney Avenue

20. FILED J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH
No physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11:05 P.M. 1.8M
 The principal cause of death and related causes of importance were as follows:

Date of onset

191
Excessive Heat
Heat
 Other contributory causes of importance **Heat**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?
 If so, specify.....
 (Signed) J. Bredeck
 (Address) 10th & Clark Avenues.

7/26/34

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.

AUG 15 1934

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