

DEC 7 3 1934

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. 1079City St. Louis, Mo.(No. City Hospital No. 2)File No. 31509-aRegistered No. 11113

St. _____ Ward _____

2. FULL NAME

Baby Lewis(a) Residence, No. 3505 1/2 Easton St. 11 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 <u>Fem.</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 15, 1934</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, ... hrs. or ... 50 min.
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.		<u>None</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

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.	<u>None</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)15. MAIDEN NAME Amy Lewis16. BIRTHPLACE (CITY OR TOWN) Arkansas
(STATE OR COUNTRY)17. INFORMANT Ruby Perdeau
(ADDRESS) 2945 Lawton Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE 8-16 193419. UNDERTAKER David Van Tasson
(ADDRESS) 3505 Easton20. FILED 21 1934 1934 J. Bredeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15, 193422. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1934 to Aug. 15, 1934

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11:31 P. M.

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

Pneumonia, Left Lobe
Consolidation found in
lower left lobe.

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes23. 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. Owen Blache M. D.
(Address) 2945 - Lawton Ave.

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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