

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.

AUG 9 1935

24688

1. PLACE OF DEATH

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

Registration District No. **791**
1008
Primary Registration District No. *City Hospital No. 2*

File No.....
Registered No. **6116**
St. Ward)

2. FULL NAME

(a) Residence, No. *1100 - N - Leonard* Ward. *21*
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *35* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Georgia Lewis</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 17th 1879</i>		
7. AGE	YEARS <i>56</i>	MONTHS <i>2</i>
	DAYS <i>27</i>	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. <i>Labourer</i>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14th 1935*

22. I HEREBY CERTIFY, That I attended deceased from *7-14-1935*, to *7-14-1935*

I last saw him alive on *7-14-1935*. Death is said to have occurred on the date stated above, at *10:25 A.M.*

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

Carcinoma of Stomach
primary
HO
Metastasis of liver

Other contributory causes of importance:

Name of operation *Cholecystectomy* Date of *7-14-35*

What test confirmed diagnosis? *Clinical* 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?
If so, specify *James B. Harris, M.D.*
(Signed) *James B. Harris, M.D.*
(Address) *2945 - Lawton Blvd.*

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ala.</i>
	13. NAME <i>George Lewis</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ala.</i>
	15. MAIDEN NAME <i>Amie ?</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ala.</i>
17. INFORMANT (ADDRESS) <i>Julius Berdeack</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Father Dixon</i> DATE <i>July 17 1935</i>	
19. UNDERTAKER (ADDRESS) <i>Charles Jackson & Jordan</i> <i>3227 Lucas</i>	
20. FILED JUL 17 1935 <i>J. F. Berdeack</i> Registrar.	

