

AUG 23 1935

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

Do not use this space.

25178

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township -- Primary Registration District No. 6248B
City Jefferson Barracks (No. Veterans Administration Facility) St. -- Ward --

File No. --Registered No. 2362. FULL NAME LEWIS, Robert E.

(a) Residence, No. 1615 Walnut Street St. -- Ward. St. Louis, Missouri
(Usual place of abode)
(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>--</u> (OR) WIFE OF <u>--</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 27, 1896</u>		
7. AGE	YEARS	MONTHS
	<u>39</u>	<u>3</u>
		<u>7</u>
		IF LESS than 1 day,hrs. ormins.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Whitehall Illinois</u>
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FATHER	13. NAME	<u>Unavailable</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unavailable</u>

MOTHER	15. MAIDEN NAME	<u>Unavailable</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unavailable</u>

17. INFORMANT <u>W. C. Gibson, M. D.</u> (ADDRESS) <u>Vet. Adm. Facility, Jeff. Brks., Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Cem.</u> DATE <u>July 9, 1935</u>
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19. UNDERTAKER <u>C. Hoffmeister & Co.</u> (ADDRESS) <u>1814 Co. Broadway</u>
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20. FILED <u>July 9, 1935</u> <u>G. Mowrey</u> Registrar
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 193522. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, 19....., to July 4, 1935, 19.....I last saw him alive on July 4, 1935. Death is saidto have occurred on the date stated above, at 6:10 P.

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

Chronic myocarditis, with congestive type of cardiac failure.

Date of onset Unkn

Other contributory causes of importance:

None

Name of operation None
History, physical, x-ray and laboratory findings, clinical manifestations.

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.....

W. C. Gibson, M. D., Chief Med. Office

(Signed).....

Vet. Adm. Facility, Jeff. Brks., Mo.

(Address).....

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.

WHITE PRINT WITH OPAID INK—THIS IS A PERMANENT RECORD

