

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

Do not use this space.

31275

NOV 2 1935

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis,** (No. **2214 Pine, rear,** St. \_\_\_\_\_ Ward)

File No.....  
 Registered No. **8075**

**2. FULL NAME** **George W. Lewis**

(a) Residence, No. **2214 Pine Str.** St. **21** Ward.  
 (Usual place of abode)

Length of residence in city or town where death occurred **45 yrs. 3 mos. 10 ds.** How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Nellie Lewis**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 13, 1891**

7. AGE YEARS **44** MONTHS **3** DAYS **12** if LESS than 1 day, ..... hrs. or ..... min.

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

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.....

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Moberly, Mo. St. Louis, Mo.**

FATHER 13. NAME **Joseph W. Lewis**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Nellie Stokes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT (ADDRESS) **Jane Bell 1607 Franklin Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bethany** DATE **Sept. 26, 1935**

19. UNDERTAKER (ADDRESS) **W. G. Moyalte 1926 Allen Ave**

20. FILED **SEP 26 1935** 19. **J. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 25, 1935**

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 **9:15 A.**

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

**Edema of Brain; Alcoholism  
Chronic Nephritis; Chronic Myocarditis**

Date of onset

Other contributory causes of importance: **131**

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) **Harold J. Dwyer** M. D.  
 (Address) **Dwyer**

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.

