FEB 11 1936

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

Do not use this space.

791

3638

File No.

Registered No. 882

1. PLACE OF DEATH

~~County~~ ST. LOUIS — Registration District No.

Township — Primary Registration District No. 1003

City ST LOUIS (No. 3129 LUCUS St. Ward)

2. FULL NAME STANTON S. LEWIS.

(a) Residence, No. 3129 LUCUS St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colord.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jim Knowson Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV. 1 - 1906

7. AGE: Years 29 Months 2 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Funeral Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Undertaker.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): ST. LOUIS Mo.

FATHER

13. NAME: Frank Lewis.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Ala.

MOTHER

15. MAIDEN NAME: Pinkie Willis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Humbolt. Tenn.

17. INFORMANT (ADDRESS): Pinkie Toney 3129 Lucus

18. BURIAL, CREMATION, OR REMOVAL PLACE: Greenwood. DATE: Jan 25th 1936

19. UNDERTAKER (ADDRESS): C. Jones 44 Kensily

20. FILED JAN 27 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. - 20th 1936

22. I HEREBY CERTIFY That I attended deceased from Dec - 20th 1935 to Jan - 20th 1936

I last saw him alive on Jan 20th - 1936 Death is said to have occurred on the date stated above, at 10 a.m.

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

	Date of onset
Acute Pneumonic Phthisis	Unknown
23	

Other contributory causes of importance: Miliary Tuberculosis

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical 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) Ashme D. Johnson, M. D.

(Address) 3700 Lucas Ave.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD