

JUN 26 1936

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

Do not use this space.

20637

1. PLACE OF DEATH

County St. Louis Registration District No. 790  
Township \_\_\_\_\_ Primary Registration District No. 6033  
City Wentzville (No. St. Louis Co. 7004) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 203  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles Lewis  
(a) Residence, No. 208 E. Ripper St. \_\_\_\_\_ 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lois</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-22-1875</u>				
7. AGE	YEARS <u>61</u>	MONTHS <u>4</u>	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Night Watchman</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unemployed</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>
	13. NAME <u>Unknown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT <u>Charles Lewis</u> (ADDRESS) <u>208 E. Ripper Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis County Exp.</u> DATE <u>May 27</u> 19 <u>36</u>	
19. UNDERTAKER <u>E. Hoffmeister M.D. Co.</u> (ADDRESS) <u>784 1/2 B. Broadway</u>	
20. FILED <u>5726</u> 19 <u>36</u> <u>Dr. G. J. Sigelbeck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/25 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/10/36, 19\_\_\_\_, to 5/25/36, 19\_\_\_\_.

I last saw him alive on 5-25-36, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2:00 P.m.

The principal cause of death and related causes of importance were as follows:  
Obser pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance: Edema Brain  
Pneumonia  
Ruptured appendix

Name of operation Appendectomy Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
(Signed) Wm E. Moore M.D., M. D.  
(Address) St. Louis County Hospital

Barney Clayton, Mo.

WHITE 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.

