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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital #1 St. ..... Ward)

File No. 3111

Registered No. 123

2. FULL NAME Fred. Lewie

(a) Residence, No. 3152 Michigan Ave. St., 16 Ward. 1
(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: Male

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Angeline Lewie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 5 1871

7. AGE: YEARS 65 MONTHS 5 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 226

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

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT (ADDRESS): Charles Lewie 3152 Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Jan. 5 1937

19. UNDERTAKER (ADDRESS): Thos Kutis. 2906 Gravois Ave.

20. FILED JAN 4 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Jan 2, 1937

I last saw him alive on Jan. 2, 1937 Death is said to have occurred on the date stated above, at 2:40 P.m.

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

Lobar Pneumonia

Date of onset

108

Other contributory causes of importance:

Bronchiectasis

Name of operation ..... 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) Charles T. Farrington M. D.

(Address) City Hospital

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.

X9314