JUN 12 1937

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

Do not use this space.

791

1003

File No. 18140

Registered No. 4716

1. PLACE OF DEATH

County

Township

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

C 1305

2. FULL NAME Samuel Lewis

(a) Residence, No. 1773 Nicholson St. Ward. 23

(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: Widower of Mary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 1, 1861

7. AGE: 75 YEARS | MONTHS: 5 | DAYS: 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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): Mississippi

FATHER

13. NAME: Wm. Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Hosp.Info.M.H.Kent City Hospital No.1

18. ~~BURIAL, CREMATION, OR REMOVAL~~ to Piedmont, Mo.

PLACE DATE May 10, 1937

19. UNDERTAKER (ADDRESS): A. N. McLaughlin 2301 Lafayette Avenue

20. FILED MAY 8 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/7/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/27/37, 19 to 5/7/37, 19

I last saw him alive on 5/7/37, 19 Death is said to have occurred on the date stated above, at 1.30 a m.

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

Degenerative heart disease

Date of onset

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Other contributory causes of importance:

Chr. Nephritis

Chr. Emphysema

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) Geo J Seibold, M. D.

(Address) City Hospital No.1

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.

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