

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

Do not use this space.

1. PLACE OF DEATH **JUN 12 1937**

791

18747

County.....

Registration District No.....

1003

File No.....

5323

Township.....

Primary Registration District No.....

City **St. Louis, Mo.** (No. *City Infirmary*)

Registered No.....

St. Ward)

2. FULL NAME **Harvey Lewis,**

(a) Residence, No. **City Infirmary,** st., **Hospital** ward. **13**
(Usual place of abode) **5800 Arsenal St.** (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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 10, 1890**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 X 4 30

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

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

10. Date deceased last worked at this occupation (month and year) **X** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Caldwell,** (STATE OR COUNTRY) **Kansas.**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

17. INFORMANT **E. Molony,** (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington U.** DATE **5-12** 19**37**

19. UNDERTAKER **W. Richter** (ADDRESS) **3500 Rutger St**

20. FILE **MAY 28 1937** **J. Bredeck** (Address) **5800 Arsenal** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 10,** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **May 7, 1936** 19... to **May 10,** 19**37**

I last saw him alive on **May 10,** 19**37** Death is said

to have occurred on the date stated above, at **7:25 A.M.**

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

CHRONIC MYOCARDITIS

PULMONARY EDEMA

Other contributory causes of importance: **ARTERIOSCLEROSIS, GENERALIZED**

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) **P. Ryan**, M. D.

(Address) **5800 Arsenal**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state exactly.

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