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.

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

JUN 17 1937

Do not use this space.

10452

1. PLACE OF DEATH
County Buchanan — Registration District No. 66 — File No.
Township — Primary Registration District No. — Registered No. 543
City St. Joseph (No. 3841 Terrace St. Ward)

2. FULL NAME Lewis Lewinson
(a) Residence, No. 3841 Terrace 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dorothy Lewinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 16, 1873

7. AGE: YEARS 63 — MONTHS 5 — 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.: Real Estate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self.
10. Date deceased last worked at this occupation (month and year): Jan. 1937
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrolton Iowa.

FATHER
13. NAME: Morris S. Lewinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna Rosenbaum
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Dorothy Lewinson 3841 Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Adath Joseph Cem DATE May 7, 1937

19. UNDERTAKER (ADDRESS): Clark Mortuary St. Joseph, Mo.

20. FILED 5/7, 1937 H J Hettebach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 6, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937, to May 6, 1937
I last saw him alive on May 1, 1937. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Cancer of the month — Date of onset
unknown
Xo

Other contributory causes of importance:
none
none

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin 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? No
If so, specify .....
(Signed) John E. Byrne, M. D.
(Address) St Joseph Mo