

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

Do not use this space.

**JUL 8 - 1937**

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis Mo (No. Barnes Hospital)

Registration District No. **791**  
Primary Registration District No. **1008**

File No. **22200**  
Registered No. **5952**  
St. \_\_\_\_\_ Ward)

**2. FULL NAME John Chestley Lewis**

(a) Residence, No. \_\_\_\_\_ St., nr Ward. \_\_\_\_\_

Royalton Ill  
(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 Mary Lee Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15th, 1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>24</u>	<u>24</u>	<u>3</u>	<u>2</u>	

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

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

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) Royalton, Illinois

13. NAME Albert Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Unknown

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

17. INFORMANT Mary Lewis (ADDRESS) Royalton, Illinois

18. BURIAL, CREMATION, OR REMOVAL PLACE Royalton, Ill. DATE June 20th 1937

19. UNDERTAKER Albert H. Hoppe, Inc. (ADDRESS) 429 N. Euclid Avenue

20. FILED JUN 18 1937 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 17 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 6 - 11 - 1937 to 6 - 17 - 1937

I last saw h. alive on 6 - 17 - 1937. Death is said to have occurred on the date stated above, at 9:20 P.M.

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

Pulmonary Tuberculosis Date of onset 1930  
Chronic Tuberculosis 5-1-37

Other contributory causes of importance:

Name of operation None 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) Eugene M. Bricker, M. D.  
(Address) \_\_\_\_\_

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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