

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.

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

HOMER G PHILLIPS HOSPITAL

791

22480
6232

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

1008

Registered No.....

City..... St. Louis

(No. 2601, N. Whittier

St. Ward)

2. FULL NAME

Nora Lee

(a) Residence, No. 4330 Fairfax

St. 11 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60yrs.

mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 2 23

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

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) Kentucky

13. NAME Ben Lewis

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

15. MAIDEN NAME Martha Jones (?)

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

17. INFORMANT (ADDRESS) Evelyn Hilliard 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE June 28 1937

19. UNDERTAKER (ADDRESS) J. W. Hughes 2620 Lawton

20. FILE JUN 28 1937 Registrar J. Bredeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21 1937, to June 24 1937

I last saw him or her alive on June 24 1937. Death is said

to have occurred on the date stated above, at 10:12 p.m.

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

Chronic Myocarditis; Gangrene of left foot (arteriosclerotic)

Date of onset 5/21/37

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical 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

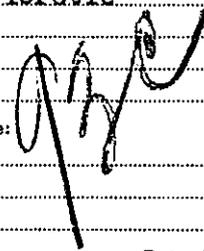
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Lewis, M. D.

(Address) 2601 N Whittier

22 20 20 00 22



MEMORANDUM FOR THE RECORD

DATE: 10-10-64

TO: SAC, NEW YORK

FROM: SA [Name], NEW YORK

SUBJECT: [Subject]

RE: [Subject]

1. [Text]

2. [Text]

3. [Text]

4. [Text]

5. [Text]

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