

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St Louis Registration District No. 789
Township Northside Central Primary Registration District No. 6033
City Thomas Station No. 2900 Ridgeway

File No. 28323
Registered No. 201
St. _____ Ward _____

2. FULL NAME

Lyle Lewis
(a) Residence, No. 2900 Ridgeway 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 Lavinia Lewis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 46 yrs 8 mo 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. Papper Jewelry Co
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) Iowa

FATHER
13. NAME Samuel Lewis

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

MOTHER
15. MAIDEN NAME Mary Evans

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

17. INFORMANT (ADDRESS) Frank Lewis 41 Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dale Grove DATE July 26 37

19. UNDERTAKER (ADDRESS) Baumann Brothers Inc. Westland Mo.

20. FILED 7-23-1937 J. C. Roehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1937

22. I HEREBY CERTIFY That I attended deceased from Aug. 20, 1936, to July 23, 1937
I last saw him alive on July 23, 1937. Death is said to have occurred on the date stated above, at 4:40 a.m.
The principal cause of death and related causes of importance were as follows:

Calcular Heart disease Date of onset _____

Other contributory causes of importance: 920

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Merle Bone, M. D.
(Address) 1792 Wodiamont

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.

