

FEB 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH1231
Do not use this space.

1. PLACE OF DEATH

(a) County.....

Registration District No. **791**

(b) Township.....

Primary Registration District No. **1003**(c) City **St. Louis**(d) Street No. **City Hospital 0.1**Registered No. **1087**

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. **15366**

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

2. PRINT FULL NAME.....

Catherine Lewis 200(a) Residence, No. **3235 a Dickson** St. **21**

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

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**Fred Lewis**

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

Jan 11, 1890

7. AGE

48

YEARS

MONTHS

0

DAYS

17

IF LESS than 1

day,hrs.

ormin.

OCCUPATION

8. Trade, profession, or particular kind of
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work
was done, as saw mill, bank, etc.**hwk**10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Illinois Chicago**

FATHER

13. NAME

Unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Unknown**

MOTHER

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Unknown**17. INFORMANT
(ADDRESS)**Hosp. Info M. Kent**

18. BURIAL PLACE

St. Matthews

in

DATE **Jan. 31, 1938**19. FUNERAL DIRECTOR
(ADDRESS)**R. W. McLaughlin
2301 Lafayette Avenue**

20. FILED

JAN 29 1938**J. Brudeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/28/38** 1922. I HEREBY CERTIFY That I attended deceased from
1/17/28 19 to **1/28/38** 19I last saw her alive on **1/28/38** 19. Death is saidto have occurred on the date stated above, at **4.45 a**
The principal cause of death and related causes of importance were as follows:**Malignant hypertension in
Cerebral hemorrhage**

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?

If so, specify.....

(Signed) **Pro Maxwell**, M. D.(Address) **City Hospital No. 1**

STATEMENT BY LICENSED EMBALMER

I, L R Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. 3633 or by....., Registered Apprentice No.....
working under my personal supervision.

Signed

L R Cooper

Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)