

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 791
CERTIFICATE OF DEATH**

30370
Do not use this space.

DEED OCT 12 1938

1. PLACE OF DEATH

(a) County Registration District No. 1003
 (b) Township Primary Registration District No. Registered No. 7807
 (c) City St. Louis (d) Street No. 5115 Terry Ave. St.
 (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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Franklin Lewis 20-1
 (a) Residence, No. 5115 Terry Ave. St. 6 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2nd, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha P. Lewis

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7th, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 25

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 11:01 A.M.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baggage Master
 9. Industry or business in which work was done, as saw mill, bank, etc. No. Pac. R.R.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.....

Strangulation due to hanging by rope which was suspended from two metal brackets in basement of his home 5715 Terry Ave. Sept 2, 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

Other contributory causes of importance: 10:25 AM

FATHER 13. NAME Frank Lewis 0

165

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

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

MOTHER 15. MAIDEN NAME Mary B. Unknown

What test confirmed diagnosis?..... Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide suicide Date of injury Sept 2, 1938

17. INFORMANT (ADDRESS) Bertha P. Lewis
5115 Terry Ave.

Where did injury occur? St. Louis Mo
(Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill Cem DATE Sept. 5th, 1938

Specify whether injury occurred in industry, in home, or in public place. Home

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann & Son
1905 Union Blvd

Manner of injury..... See Above

20. F. SEP - 3 1938 J. B. Buehler Local Registrar

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? 4
If so, specify.....

(Signed) Alfred J. Perry, M.D.
(Address) Deputy Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Warren A. Carver

Licensed Embalmer No. _____

3534

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.