

DEC'D MAR 13 1939

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

5225

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 5899 Nina Place Registered No. 1918
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 Charles H. Lewis

(a) Residence, No. 5899 Nina Place St. 5
(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 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 Catherine Whelan Lewis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 1 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dept. Mgr.
9. Industry or business in which work was done, as saw mill, bank, etc. Sears Roebuck 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) Deerfield Michigan

13. NAME Peter Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

15. MAIDEN NAME Ann Scully
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT (ADDRESS) Mrs. Catherine Lewis 5899 Nina Place.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 3-1-3919. FUNERAL DIRECTOR (ADDRESS) Cullinane Brothers 1710 N. Grand Blvd.20. FILED FEB 28 1939 J. F. Bredbeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 193922. I HEREBY CERTIFY That I attended deceased from Feb 26th 1939, to Feb 26th 1939

I last saw him alive on Feb 26th 1939. Death is said to have occurred on the date stated above, at 10 P.M.

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

Valvular disease of the heart Date of onset Feb 3rd

Other contributory causes of importance: None

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) J. F. Bredbeck M. D.
(Address) 436 2nd Avenue

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed *Fred Frick*.....

Licensed Embalmer No. *3186*

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.)