

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

33167

**1. PLACE OF DEATH**

County.....

Registration District No.....

File No.....  
Registered No. 9329  
..... Ward

Township.....

Primary Registered District No.....

City St. Louis (Newly Incorporated City)

**2. FULL NAME**

(a) Residence No.....  
(Usual place of abode)

Chas. Lewis  
1611 a St. Louis 26 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 66 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 (prior the word) married

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 - 1860

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, .... hrs. or .... min.  
66 | 3 | 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Clerk 45H

(b) General nature of industry, business, or establishment in which employed (or employer)

Office

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
St. Louis

10. NAME OF FATHER Chas H Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  
St. Louis

12. MAIDEN NAME OF MOTHER Franca Tabbs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  
St. Louis

14. INFORMANT (Address) Max Starkeoff  
City of St. Louis

15. OCT 17, 1925

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 1925

17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1925, to Oct 16, 1925, and that I last saw him alive on Oct 16, 1925, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of the Lip  
with metastases of  
the cervical glands.

CONTRIBUTORY (SECONDARY).....

18. WHERE WAS DISEASE CONTRACTED.....  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS?  
101 (Signed) Geo. Stecky, M. D.  
1613 (Address) City of St. Louis

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary | DATE OF BURIAL Oct 18 1925

20. UNDERTAKER Hy Leidner | ADDRESS 1417  
1613 St. Louis Mo

WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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