WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

10727

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2538

City St Louis Mo (No. 7023, Pernod St. ..... Ward)

2. FULL NAME Dr Henry W. Bewig

(a) Residence. No. ..... St., 4 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2nd 1863

7. AGE: Years 64 | Months 8 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Belleville
(STATE OR COUNTRY) Ills

PARENTS

10. NAME OF FATHER Henry W. Bewig
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Cathrine Handrick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Charles Bewig
(Address) 7023 Pernod Av

15. FILED ..... 19 ..... MAR -7 1924 Mail C Star

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1928, to Mch 5, 1928 that I last saw him alive on Mch 5th 1928, and that death occurred, on the date stated above, at 4 10 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio-sclerosis
11B
95B
97 (duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Influenza & cardiac dilatation (duration) ..... yrs. ..... mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) A. T. Quinn, M. D
, 19 (Address) 6917 Fyler ave

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Belleville Ills
DATE OF BURIAL: March 8 1928

20. UNDERTAKER: [illegible]ath Hermann & Son
ADDRESS: 4163 Vr Plowsant