

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

Do not use this space.

21689

1. PLACE OF DEATH

County... St. Louis Registration District No. 784 File No.
 Township... St. Ferdinand Primary Registration District No. 6030 Registered No.
 City... Florissant (No. Flourissant Mo) St. Ward)

2. FULL NAME

Frank Hewitt
 (a) Residence. No. St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Luella Hewitt</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 22-1870</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>4</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Plumber
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York City
 (STATE OR COUNTRY) New York ✓

10. NAME OF FATHER William Hewitt

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

12. MAIDEN NAME OF MOTHER Mary Kirk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York City
 (STATE OR COUNTRY) New York

14. INFORMANT Mrs. Luella Hewitt
 (Address) Florissant Mo

15. FILED 6-26-1928 O. A. Schmidt
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1928

17. I HEREBY CERTIFY That I attended deceased from June 20, 1928, to June 25, 1928.
 (The last saw him/her alive on June 25, 1928, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Solar Pneumonia
 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 10/18
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Thommett Cyrus M.D.
June 26, 1928 (Address) 980 24 Grand Blvd

*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 St Ferdinand DATE OF BURIAL 6-28 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash &

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.

Dec 12 1902

12-2 PM