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.

32260

File No. 9572

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hospital #2 St. Ward)

Registration District No. 707

Primary Registration District No. 1013

2. FULL NAME Sam Ewing

(a) Residence. No. 105 N. Ewing St., 18 Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 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: Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31, 1883

7. AGE: Years 45 | Months 1 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kans.

PARENTS

10. NAME OF FATHER: Peter Ewing

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

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Anna F. Woodard
(Address) City Hospital #2

15. FILED 28, 19 Max A. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-25- 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-24-, 1928, to 9-25-, 1928 that I last saw him alive on 9-25-, 1928, and that death occurred, on the date stated above, at 12:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis

936

928

1013

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Adhesive Pericarditis Chronic (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Post-mortem

(Signed) T. E. Cunningham, M. D

, 19 (Address) 2945 Saxton

*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: FATHER DICKSON cemetery

DATE OF BURIAL: SEP 29 1928

20. UNDERTAKER: Gregory & DeVault

ADDRESS: 7071 LEONARD. AVE