

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

Do not use this space.

3564

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... *St. Louis Mo.* (Not *St. Louis Hospital*)

File No.....
Registered No. **143**
St..... Ward)

2. FULL NAME

Emma Hewitt
(a) Residence. No. *921 Belmont* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Geo G. Hewitt</i>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>2-20-1859</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>69</i>	<i>10</i>	<i>14</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at home*
(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) *England*

PARENTS	10. NAME OF FATHER <i>Wm Russell</i>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>
	12. MAIDEN NAME OF MOTHER <i>Ann York</i>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>

14. INFORMANT *Geo G. Hewitt*
(Address) *921 Belmont*

15. FILED *1929* *May 11*
1929 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *1-4-1929*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 22* 19*28*, to *Jan 3* 19*29*, that I last saw h. *alive* on *Jan 3* 19*29*, and that death occurred, on the date stated above, at *1:00* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131
107A
130 Acute Parenchymatous hepatitis
(duration) yrs. mos. *4* ds.

CONTRIBUTORY (SECONDARY) *Bronchopneumonia*

and chr. Interstitial nephritis 15 yrs. (duration) yrs. mos. *12* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH *at home*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Edwin P. Meiners*, M. D.

Jan 3, 1929 (Address) *6600 Delmar 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 DATE OF BURIAL

Valhalla Cem *1-5-29* 19

20. UNDERTAKER ADDRESS

Alexander & Sons *6175 Delmar*

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.

WRITE IN PENCIL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

6000-10000
1500-7000