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

Do not use this space.

15965

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4901 Pine St. ..... St. ..... Ward)

File No. ..... Registered No. 3977

2. FULL NAME Frances B. Ewens

(a) Residence. No. Forrest Park Hotel St., 12 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 27-1869

7. AGE: Years 59 | Months 3 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

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): Plaquemine
(STATE OR COUNTRY): Louisiana

PARENTS

10. NAME OF FATHER: Lawrence L Butler
11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): Louisiana
12. MAIDEN NAME OF MOTHER: Mary S. Gay
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): Louisiana

14. INFORMANT: Mrs. E. L. Twiss
(Address): Forest Park Hotel

15. FILED ..... 1929 Rex C. Standley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 1, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 12, 1929, to Apr. 1, 1929, that I last saw her alive on 3/31 Apr. 1929, and that death occurred, on the date stated above, at about 5.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris 94A
97
102
89
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Hypertension & Arteriosclerosis, chr. general (duration) about 5 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? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Hiram S. Liggett, M. D.
Apr. 1, 1929 (Address) Beaumont Bldg., 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine
DATE OF BURIAL: April 3rd 1929

20. UNDERTAKER: Wagoner Und Co
ADDRESS: 3621 Olive St.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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