

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 7-21
 Township..... Primary Registration District No. 1008
 City St. Louis (No. Missouri Baptist Hospital St. Alton Ward) File No. 16164
 Registered No. 4198

2. FULL NAME

(a) Residence. No. 14 St. Alton Ward. Ill
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U.S., if of foreign birth? 27 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 26, 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>-</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Popshausen
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER John Eweu

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

12. MAIDEN NAME OF MOTHER Bertie M. Visering

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

14. INFORMANT John Eweu
 (Address) Alton, Ill

15. FILED 1927 Mye Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1929

17. I HEREBY CERTIFY, That I attended deceased from 30 Mar, 1929, to April 5, 1929
 that I last saw him alive on April 5, 1929, and that death occurred, on the date stated above, at 10:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Medullary Oedema
Following Removal Left Temporal
Lobe Tumor

CONTRIBUTORY Brain Tumor (Growth)
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
 1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 4/29
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
16/29 (Address) University of Ill

*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 Oakwood Ceme Alton Ill DATE OF BURIAL April 8 1929

20. UNDERTAKER Robert W. Sheper ADDRESS Alton Ill

Mr. Casey

London, Ontario, Canada

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No.) St. Ward)

File No. 16164
 Registered No. 4198

2. FULL NAME

Edward Ewen

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT.....
 (Address)

15. FILED AUG -9 1914 Max C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 5 1914

17. I HEREBY CERTIFY that I attended deceased from.....
 19..... to....., 19.....
 that I last saw h..... alive on....., 19....., and that death occurred, on the date listed above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute medullary Oedema following removal of temporal - lobe tumor
 (duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Brain tumor non malignant degeneration given over
 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Phone by Dr. J. F. Lantry, Gov. of U.S.

IF NOT AT PLACE OF DEATH 8-9-29

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. + Clancy, M. D.
 , 19..... (Address)

*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

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

h9171-5