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

Do not use this space.

23909

File No.
Registered No.

1. PLACE OF DEATH
County: St. Louis
Township: St. Ferdinand
City: Ferguson (No. , St. Ward)
Registration District No.: 784
Primary Registration District No.: ~~6000~~ 4468

2. FULL NAME: Henry M. Ewald.
(a) Residence, No.: 204 Suburban Ave. 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: Male
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 30 1856

7. AGE: Years 76 Months 3 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Interior Decorator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Theatrical
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark 24

FATHER
13. NAME: Peter Ewald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark.

MOTHER
15. MAIDEN NAME: Unknown –
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark.

17. INFORMANT: O W Ewald.
(ADDRESS) 204 Suburban ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sacred Heart DATE: July 12, 1932

19. UNDERTAKER: Jos. W. Clark.
(ADDRESS) 1125 Hodiamont Ave. St. Louis

20. FILED: 8/6, 1932 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1932, to July 10, 1932
Last saw him alive on July 10, 1932. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan 1st 1932

Other contributory causes of importance: None

Name of operation: none Date of:
What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Roy Johnson, M. D.
(Address) Ferguson, Mo.

AUG 29 1932

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.

JUN 1 1955

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