

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

Do not use this space.

NOV 9 1935

34029
8447

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **3941 So. Grand Blvd.**) St. Ward)

2. FULL NAME

Abraham Ewert

(a) Residence, No. **3941 So. Grand Blvd.**, **16** 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 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 Susana Ewert		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17th. 1862		
7. AGE YEARS 73	MONTHS 1	DAYS 20
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance Man		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office Bldg.		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 7th. 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 5 July 2**, 19**35**, to **Oct. 8**, 19**35**
I last saw him alive on **Oct. 7**, 19**35**. Death is said to have occurred on the date stated above, at **10/25am**
The principal cause of death and related causes of importance were as follows:
Carcinoma of the Pancreas
Date of onset **10/34**

Other contributory causes of importance: **46**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

MOTHER FATHER

13. NAME **Henry Ewert**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

15. MAIDEN NAME **Susana Dick**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Russia**

17. INFORMANT (ADDRESS) **Chas. W. Ewert Fort Smith, Ark.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **Oct. 10th. 35**

19. UNDERTAKER (ADDRESS) **J. Schumacher 7013 Meramec Street**

20. FILED **OCT - 8 1935** **J. Bredeck** Registrar.

Name of operation **none** Date of
What test confirmed diagnosis? 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) **Chas. W. Ewert**, M. D.
(Address) **1206 - 127mo. Thru. Bldg.**

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.

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