

APR 11 1936

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. 791

Township.....

Primary Registration District No. 1003

City, *St Louis MO.* (No.)

Sanitarianum St.

File No. 12900

Registered No. 2963

2. FULL NAME *Irene Hewitt*(a) Residence, No. *3473 Oakwood St.* 16 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *14* 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>Jack Hewitt</i> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 3, 1899</i> | | | | |
| 7. AGE | YEARS <i>37</i> | MONTHS <i>2</i> | DAYS <i>14</i> | IF LESS than 1 day, hrs. or min. |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <i>Housework</i> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | <i>Housework at home</i> |
| | 10. Date deceased last worked at this occupation (month and year) <i>March 1936</i> | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Valmeyer Illinois*13. NAME *Andrew Lowe*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *East St Louis Illinois*15. MAIDEN NAME *East St Louis*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *East St Louis Illinois*17. INFORMANT (ADDRESS) *A. C. Miller M.D. 2300 Arsenal*18. BURIAL, CREMATION, OR REMOVAL PLACE *Valmeyer Ill* DATE *March 20, 1936*19. UNDERTAKER (ADDRESS) *E. J. Schner 3125 Lafayette Ave. St Louis*20. *W. H. Bredeck* Registrar.

MAR 18 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 17, 1936*22. I HEREBY CERTIFY, That I attended deceased from *August 1, 1935* to *March 17, 1936*I last saw her alive on *March 16, 1936* Death is said to have occurred on the date stated above, at *4:22* A. M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset *1936+*

Other contributory causes of importance:

Operation for ventral Hernia 1936+
*Dementia Praecox Psychosis 1932+*Name of operation *Herniotomy* Date of *Mar. 12*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 *none*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *NO*

If so, specify _____

(Signed) *A. C. Miller* M. D.(Address) *2300 Arsenal St*

