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.

966

MAR 5 - 1937

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 File No. 8264

Township ..... Primary Registration District No. 1003 Registered No. 1714

City St. Louis (No. ....., 4212 Flora Blvd. St. ..... Ward)

2. FULL NAME Joseph A. Dewes

(a) Residence, No. 4212 Flora Blvd. St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Werner Saw Mill

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) St. Louis, Missouri

FATHER

13. NAME Alex Dewes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Nellie Dewes 4212 Flora Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery DATE Feb. 9, 1937

19. UNDERTAKER (ADDRESS) Wm. J. Robert 1905 S. Grand Blvd.

20. FILED FEB 8 - 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1937, to Feb 7, 1937

I last saw him alive on Feb 6, 1937. Death is said to have occurred on the date stated above, at 5:45 a m.

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

	Date of onset
Coronary Embolism	2-7-37
Other contributory causes of importance:	
Coronary Thrombosis	1-26-37

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) H. F. Cowland M. D.

(Address) 5730 Southwest Ave