

REC'D APR 11 1938

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

9238

Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 4624 Ashland Ave. Registration District No. 791 Primary Registration District No. 1003 Registered No. 2827
 (e) Length of residence in city or town where death occurred 34 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Truman L. Dews. 200

(a) Residence, No. 4624 Ashland Ave. St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Louise Dews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 26th. 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Salesman
 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) Ills.

FATHER 13. NAME John N. Dews
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

MOTHER 15. MAIDEN NAME Alice L. Carr
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.

17. INFORMANT Louise Dews.
 (ADDRESS) 4624 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE 3-26-38

19. FUNERAL DIRECTOR Provost Und. Co.
 (ADDRESS) 3710 N. Grand Blvd.

20. FILER J. P. Budick
 (Address) 5914 Edgemoor
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 - 193822. I HEREBY CERTIFY, That I attended deceased from March 14, 1938 to March 23, 1938I last saw him alive on March 22, 1938 Death is said to have occurred on the date stated above, at 9 P. m.

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

Angina Pectoris
Coronary Sclerosis
Myocardial Infarction
Acute Gastritis

Date of onset
March 14
March 14
March 14

Other contributory causes of importance:

Acute GastritisName of operation Date of
 What test confirmed diagnosis? Physical Exam. Was there an autopsy? yes

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? NoIf so, specify: St. Louis, N. Terminal, M. D.(Signed) St. Louis, N. Terminal, M. D.(Address) 5914 Edgemoor

STATEMENT BY LICENSED EMBALMER

I, A. A. Smithers, Licensed Embalmer No. 3916

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E. 3916

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No. 3916

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)