

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUN - 1938

REC'D JUN 7 1938

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

19518
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Registration District No. 784
(b) Township _____ Primary Registration District No. 111 Registered No. 948
(c) City Red St. Louis (d) Street No. 1078 East Linden St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Warren Ewing 5'2 1/2
(a) Residence, No. 1078 East Linden St. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary S. Ewing</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 10, 1856</u>			
7. AGE	YEARS <u>81</u>	MONTHS <u>9</u>	DAYS <u>21</u> If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as law mill, bank, etc. <u>Painter</u>		
	10. Date deceased last worked at this occupation (month and year) <u>Dec 1935</u>		
FATHER	11. Total time (years) spent in this occupation <u>10</u>		
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Co. Indiana</u>		
MOTHER	13. NAME <u>Albert Ewing</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Martha Guinn</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Mary S. Ewing 1078 East Linden</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem</u> DATE <u>June 2, 1938</u>			
19. FUNERAL DIRECTOR (ADDRESS) <u>Shepard Funeral Home 1160 Hamilton Avenue</u>			
20. FILE NO. <u>92</u> <u>G. K. Meyer, M.D., P.H.</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>May 31, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>May 18, 1938</u> , to <u>May 31, 1938</u> . I last saw him alive on <u>May 30, 1938</u> . Death is said to have occurred on the date stated above, at <u>5:15 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>myocardial degeneration</u> <u>cardiac degeneration</u> <u>and May 18, 1938</u> <u>gpc</u>	
Other contributory causes of importance: <u>Prostatitis - cystitis</u>	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy? <u>no</u>
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? <u>no</u> If so, specify (Signed) <u>C. Kleinschmidt</u> , M. D. (Address) <u>520 miles police rd</u>	

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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 - 1938

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

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

working under my personal supervision.

Signed *Merle Shepard*

Licensed Embalmer No. *3555*

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.)