

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.

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH

27471  
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 1003  
 (b) Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 7485  
 (c) City ST. LOUIS, MO. (d) Street No. 600 S. NEWSTEAD. 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 EWING 520  
 (a) Residence, No. 4307 WEST BELLE AVE. ST. III (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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LIZZIE EWING

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 12, 1876

7. AGE 61 YEARS MONTHS 11 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. LABORER  
 10. Date deceased last worked at this occupation (month and year) AUG 19, 1938 11. Total time (years) spent in this occupation 11 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NASHVILLE, TENN.

FATHER 13. NAME HENRY NEWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME LUCY HAMB

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

17. INFORMANT (ADDRESS) CHARLES ANDERSON, 2726 LUCAS, ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE CHICAGO, ILL DATE AUG. 25, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) BY RAIL A. L. BEAL, 2726 LUCAS

20. FILED AUG 23 1938 J. D. Breda Registrar

NO MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/19/38 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:14 P.M.

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

Crushed head, suffered when deceased in some unknown manner was crushed between elevator and wall of shaft of 600 S. Newstead Ave. about 8:45 P.M. August 19th, 1938.

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/19/38

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In industry

Manner of injury See Above

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? YES

If so, specify \_\_\_\_\_

(Signed) Alfred J. Perry M.D.

(Address) St. Louis, Mo.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by Casimir Pendleton

Registered Apprentice No. 125, working under my personal supervision.

Signed Burdie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address .....

**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.)**

**If this body is not embalmed, above space should be left blank.**