B 21 1939 REC'D MAR 9 1939

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

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Do not use this space.

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1. PLACE OF DEATH
(a) County St Louis Co Registration District No. 784
(b) Township Clayton Primary Registration District No. 101 Registered No. 306
(c) City ~~University City~~ (d) Street No. St Louis Co Hospital 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 430 WILLIAM HEWLETT
(a) Residence, No. 1222 Pennsylvania St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 1938
7. AGE YEARS MONTHS 5 DAYS 10 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 saw mill, bank, etc. Child.
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) Wellston St Louis Co Mo

FATHER
13. NAME Phillip Hewlett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill.

MOTHER
15. MAIDEN NAME Clodelia Corwin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carmi Ill.

17. INFORMANT (ADDRESS) Phillip Hewlett 1222 Pennsylvania
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 2/22 1939
19. FUNERAL DIRECTOR (ADDRESS) Chas. A Bull 4452 Washington Blvd
20. FILED FEB 21 1939 T. R. Meyer M.D. Dr. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.20AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lobar pneumonia	
10 8	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy 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? no
If so, specify .....
(Signed) John O'Connell 4, M. D.
(Address) Coroner of St. Louis County, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 John Ketter

Licensed Embalmer No. 388

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