REC'D JUN 12 1939

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

16930 Do not use this space.

791

1003

4464

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 4464
(c) City St. Louis (d) Street No. St. Johns 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 Lou Helen-MacIvor-Euwer
(a) Residence, No. 4557 McPherson St. 12
(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: Female
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) Nov. 11 1920
7. AGE: YEARS 18 | MONTHS 6 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as saw mill, bank, etc.
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 Norman L. Euwer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburgh, Penna

MOTHER
15. MAIDEN NAME Myrtle C. Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaver Falls Pittsburgh, Penna

17. INFORMANT (ADDRESS) Rev. Norman L. Euwer 4557 McPherson
18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE May 15th 1939
19. FUNERAL DIRECTOR (ADDRESS) C. R. Lupton & Sons 7233 Delmar Blvd
20. FILED MAY 15 1939 J. D. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/25/39, 19..., to 5/13/39, 19...
I last saw h... alive on 5/13/39, 19... Death is said to have occurred on the date stated above, at 5:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary Intestinal infection	

Other contributory causes of importance:
Intestinal Perforation ulcerative colitis cause unknown

120

Name of operation ..... Date of .....
What test confirmed diagnosis? ace 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? 1
If so, specify
(Signed) C. H. Nelson, M. D.
(Address) Humboldt B.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12004

Dr C H Neilson
Humboldt Bldg
JE - 0251

STATEMENT BY LICENSED EMBALMER

I, Bradford A Miles, Licensed Embalmer No. 2901

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 Bradford A. Miles

Licensed Embalmer No. 2901

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.)