DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23614

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 5887

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. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 6/24/39 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

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(d) Street No. 3958 W Belle
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 520 Archie Ewing

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M

5. Color or race C

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. (Month) 17 (Day) 1887 (Year)

8. AGE: Years 51 Months 8 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation bondsman

11. Industry or business

FATHER
12. Name James Ewing
13. Birthplace (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Annie Creamer
15. Birthplace (City, town, or county) W Virginia (State or foreign country)

16. (a) Informant's own signature Jennie Riley
(b) Address 3958 W. Belle Place

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 3, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt, Co.
(b) Address 2732 Pine Street

19. (a) JUL 3 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1939 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from June 24, 1939, 19..., to June 30, 1939, 19...; that I last saw him alive on June 30, 1939, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Primary carcinoma of rectum	abt 1 yr.
Due to **	
Due to **	
Other conditions ** (Include pregnancy within 3 months of death)	
Major findings: Of operations **	
Of autopsy **	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. C. Hackney (M. D. ~~or other~~)
Address 2601 N Whittier Date signed 7-3-39

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address .....

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

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