

AUG 17 1939

791
1008

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

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:
Luthern Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community 67 Years
years, months or days)

3. (a) PRINT FULL NAME Walter H. Hewitt 3rd

8. (b) If veteran, name war. No. No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive. -- years

7. Birth date of deceased Jan. 1, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	6	1	hr. min.

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

10. Usual occupation Custodian

11. Industry or business High School

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature X Elizabeth Hase

(b) Address 6654 Sutherland Ave.

17. (a) Burial (b) Date thereof 7/5/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Walter Helderle

(b) Address 2331 S. Broadway

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 3
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6654 Sutherland
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1939 hour 2 minute A.

21. I hereby certify that I attended the deceased from Oct.
1938, to 7-2, 1939;
that I last saw him alive on 7-2-39, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death
acute gangrenous appendicitis 10 days
general septicemia
cardio nephritis
hypertrophied prostate
Due to _____
Due to _____
Other condition: _____
(Include pregnancy within 3 months of death)

Duration

5 days

5 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations acute gangrenous appendicitis
Of autopsy none

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Raymond Albert (M. D. or other) MD
Address 3325 S. Brent Date signed 7/10/39

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

Robert C. Wheeler

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Robert C. Wheeler

Licensed Embalmer No. *2128*

P. O. Address. *St Louis Mo*

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.