

Registration District No. 791

Primary Registration District No. _____

1. PLACE OF DEATH: 1000

- (a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4712 Labadie Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Frank E. Ewan. 500

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Jesse Hyde Ewan 6. (c) Age of husband or wife if alive 66 years7. Birth date of deceased mar. 19 1866
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
73 9 19 hr. _____ min.9. Birthplace Muncie Ind.
(City, town, or county) (State or foreign country)10. Usual occupation Salesman11. Industry or business Hollywood Brasier Co.12. Name Thomas S. Ewan18. Birthplace Ohio
(City, town, or county) (State or foreign country)14. Maiden name Mary Gray
(City, town, or county) (State or foreign country)15. Birthplace W. Va.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Jessie H. Ewan(b) Address 4712 Labadie Ave17. (a) Burial (b) Date thereof 1-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Cem.18. (a) Signature of funeral director Drehmann-Harral(b) Address 1905 Union Blvd.19. (a) JAN 10 1940 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County 6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4712 Labadie Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1940 hour 3 minute 20 a. m.21. I hereby certify that I attended the deceased from Dec 31.
1939 to Jan. 8, 1940
that I last saw him alive on Jan. 7, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Acute Myocarditis Duration 9 day
PectusDue to Acute Myocarditis 2 wks.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature J. F. Brudeck (M. D. or other) _____Address 634 No Grand Date signed 1/9/40

1-12
FM 11300
W.D. J. J. J. J. J.

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.....

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

Signed..... *W.D. J. J. J. J.*

Licensed Embalmer No..... *2273*

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.