

Registration District No.

Primary Registration District No.

RECEIVED
791
SEP 25 1940

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20 Days
(Specify whether _____)
In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1502 College Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 Years years.

3. (a) PRINT FULL NAME Charles Dewey

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Ida Dewey 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased October 3, 1867
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>72</u> | <u>11</u> | <u>20</u> | hr. min. |

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

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name Not known

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

14. Maiden name Not known

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

16. (a) Informant: Mrs Katie Devall

(b) Address 1502 College Ave

17. (a) Burial (b) Date thereof 9/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 25 1940 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 23,
year 1940 hour 8:25 minute A. M.

21. I hereby certify that I attended the deceased from September
4, 1940 to September 23, 1940
that I last saw him alive on September 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Disphagia
Resection

Due to

gastrostomy

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

See above

Of autopsy

See above

Duration

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?

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

23. Signature J. C. Turner (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 9/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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

William G. Buchh

Licensed Embalmer No.

2110

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, fact should be so stated above.