

Registration District No. 791

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
In this community Life (Specify whether years, months or days)

3. (a) PRINT

FULL NAME May Cecelia Ewing

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

4. Sex F 5. Color or race W 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 May 23 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

12. Name Samuel H. Ewing
13. Birthplace Galena Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Baumgartner
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lily A. Ewing
(b) Address 1320 N. Pennsylvania
17. (a) burial (b) Date thereof 10/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director MITTELBERG FUN. HOME INC
(b) Address 1414 E. 14th St. Mo.
19. (a) OCT 14 1940 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nil
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4370 Page Ave. (Albany Hotel)
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 11
year 1940 hour 4 minute 05 p. m.

21. I hereby certify that I attended the deceased from 10/3/40
_____ 19____ to 10/11/40 19____;
that I last saw h er alive on 10/11/40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, caused by chronic nephritis Duration 7 days

Due to arteriosclerosis, general. Poly cythemia vera

Due to _____
Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____
Of autopsy Branch pneumonia (In addition to above)
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 L. H. Potter (M. D. or other)
Address Jewish Hosp. St. Louis Date signed 10/14/40

STATE OF CALIFORNIA

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

J. B. Sullivan

Licensed Embalmer No. 1122

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.