

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: 8572 Drury Lane
(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 Theodore H. Ewald

3. (b) If veteran, name war.....
3. (c) Social Security No. 489-09-5747

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

6. (b) Name of husband or wife Bertha Ewald 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Mar. 20 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 0 hr. min.

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

10. Usual occupation Tailor

11. Industry or business Losse Tailoring Co.

12. Name Jacob Ewald

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

14. Maiden name UNKNOWN

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

16. (a) Informant Bertha Ewald
(b) Address 8572 Drury Lane

17. (a) Burial (b) Date thereof 10-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd

19. (a) OCT 21 1940 (b) J. F. Bruch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8572 Drury Lane
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
year 1940 hour 8 minute 42 P. M.

21. I hereby certify that I attended the deceased from Sept 13-40
to Oct 20-40, 1940;
that I last saw him alive on Oct 19-40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum
Due to.....
Due to.....

Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Cancer of Rectum
Of operations.....
Of autopsy None done

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 At home means of injury None
23. Signature J. F. Bruch (M. D. or other)
Address 4952 Highland Ave Date signed 10-21-40

46512 Montpelier
1-1-20

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

Warren A. Carver

Licensed Embalmer No.

3534

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, fact should be so stated above.