

Registration District No. **791**

Primary Registration District No. **1003**

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

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: **4941 Maffit Pl.**
(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)

FILED-DEC 11 1940

3. (a) PRINT FULL NAME **Nellie A. Ewang**

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

4. Sex Female	5. Color or race White	6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John C. Ewang	6. (c) Age of husband or wife if alive 68 years	
7. Birth date of deceased July 25 1875 (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	65	3	6	hr. min.

9. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name **Henry Lemkemeier**

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

14. Maiden name **Anna Wieman**

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

16. (a) Informant **John C. Ewang**

(b) Address **4941 Maffit Pl.**

17. (a) **Burial** (b) Date thereof **11-4-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zions Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd**

19. (a) **NOV 8 1940** (b) *[Signature]*
(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. **4941 Maffit Pl.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **1**
year **1940** hour **9** minute **20** A.M.

21. I hereby certify that I attended the deceased from **Sept 30**, 19**40**, to **Nov 1**, 19**40**
that I last saw **her** alive on **Oct 31**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** 1 day

Due to **Hypertension - Chronic** Year

Due to **Ch. Myocarditis** "

Other conditions (Include pregnancy within 3 months of death) **MI**

Major findings: Of operations.....

Of autopsy.....

Duration
1 day
Year
"
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) (a) Means of injury.....

23. Signature *[Signature]* (M. D. or other) **MD**
Address **4902 Hickman Blvd** Date signed **11/2/40**

49654 Reburial
11-2-20

6416
6416

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

A B Thompson

Registered Apprentice No. *248-277*

working under my personal supervision.

Signed

R. W. Sanford

Licensed Embalmer No. *2273*

P. O. Address *Shawnee*

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.