

No. 2
-1-4-41
5-17-39
PI X26399

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12892
Registrar's No. 3322

FILED MAY 13 1941

Registration District No. 191 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: Firmin DeLoge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 days
In this community 2 1/2 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME ORVILLE EWART

3. (b) If veteran, name war none 3. (c) Social Security No. 494-01-8178

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife MAE 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 18, 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 5 28 hr. min.

9. Birthplace High Hill, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation moulder

11. Industry or business Western Firebrick Co. Granite city

12. Name Harry Ewart

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

14. Maiden name Effie Davidson
(City, town, or county) (State or foreign country)

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

16. (a) Informant hus. Mae Ewart

(b) Address 1021 G. Street - Madison, Illinois

17. (a) burial (b) Date thereof April 19 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Hill, Missouri

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) APR 17 1941 (b) J. M. Brudick
(Date local death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 994 W. R.
(c) City or town Madison
(If outside city or town limits, write "RURAL")
(d) Street No. 1021 G. Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1941 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from 4-13 1941 to 4-16 1941.
that I last saw him alive on 4-16-41 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Post traumatic Epilepsy
Due to caused by a fall
around 17 yrs ago.

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

Major findings: _____
Of operations _____

Of autopsy _____
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 0

23. Signature J. M. Brudick (M. D. or other) _____
Address Madison, Ill. Date signed _____

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

L. D. Cooper

Licensed Embalmer No. *9637*

P. O. Address *2317 Lafayette*

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.