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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7281

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: CITY HOSPITAL No 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 23 17 (If outside city or town limits, write "RURAL")

(d) Street No. 1303 A. GEYER AVE (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN B. EWERSMANN

3. (b) If veteran, name war

3. (c) Social Security No. 492-07-2568

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CAROLINE EWERSMANN

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased AUG. 17 (Month) 1889 (Day) (Year)

8. AGE: Years 52 Months Days 21. If less than one day hr. min.

9. Birthplace WATERLOO / ILLS (City, town, or county) (State or foreign country)

10. Usual occupation CHAUFFER

11. Industry or business TEAMSTER

FATHER
12. Name HENRY EWERSMANN
13. Birthplace WATERLOO / ILLS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name FRANCES RIECHMANN
15. Birthplace ILLINOIS / (City, town, or county) (State or foreign country)

16. (a) Informant CAROLINE EWERSMANN

(b) Address 1303 A GEYER AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 11 (Month) (Day) (Year)

(c) Place: burial or cremation WATERLOO. ILLS

18. (a) Signature of funeral director Thos Kutes & son

(b) Address 2906 Gravois Ave

19. (a) SEP 9 1941 (Date received local registrar) (b) J. P. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 8 year 1941 hour 11.45 minute A M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Contrib Cirrhosis of Liver Hemorrhage of Stomach

Due to Esophagus & Intestines

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Herrs (M. D. or other) 3

Address Opal Corona Date signed 9/9/41

(Licensed Embalmer's Statement on Reverse Side)

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 Leo Budde, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.