

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence (5054 Cabanne Ave.)
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis / 12
(If outside city or town limits, write "RURAL")
(d) Street No. 5054 Cabanne Ave. / 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR F. HEWITT

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 14 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 27 _____ hr. _____ min.

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

10. Usual occupation Retired Painting Cont.

11. Industry or business Paint Business

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Burton F. Connolly
(b) Address 8117 Stanford Ave. St. Lou

17. (a) Burial (b) Date thereof Jan. 12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Bly'd. St. Lou

19. (a) JAN 12 1942 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1942 hour 8:00 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 7
1942 to Jan 9, 1942
that I last saw him alive on Jan 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Hypertension
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____
Address 3720 Washington Date signed 1-10-42

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Dr. J. W. Semer
3720 Washington
Mo. - 1171
JE = 3600

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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 *Cradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City Mo.*

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.