

FILED OCT 8 1942

Registration District No. 310

Primary Registration District No. 6051

Registrar's No. 379

1. PLACE OF DEATH: *St Charles*

(a) County: *St. Charles, Mo.*

(b) City or town: *St. Charles, Mo.*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
*Route #2 St. Chales, Mo.*  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: *None* (Specify whether)

In this community: *Unknown* (Yes or No)

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Missouri* (b) County: *92*

(c) City or town: *St. Charles* (If outside city or town limits, write "RURAL") *93*

(d) Street No.: *Route #2* (If rural, give location)

(e) Citizen of foreign country? *No* (Yes or No)

If yes, name country: *0*

3. (a) PRINT FULL NAME: *Louise Ewing*

3. (b) If veteran, name war: *None*

3. (c) Social Security No.: *None*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *11<sup>th</sup>* year *1942* hour *4* minute *P* M.

4. Sex: *Female*

5. Color or race: *White*

6. (a) Single, widowed, married, divorced: *Married*

6. (b) Name of husband or wife: *Henry A. Ewing*

6. (c) Age of husband or wife if alive: *57* years

7. Birth date of deceased: *January 6, 1887*  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *Sept 8<sup>th</sup> 1942* to *SEPT 12<sup>th</sup> 1942*  
that I last saw *ET* alive on *SEPT 1<sup>st</sup> 1942*  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

*55* *8* *5* hr. min.

Immediate cause of death: *Cerebral Hemorrhage* *4 Da*

Due to: *HYPERTENSION - ?*

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

10. Usual occupation: *At home*

Other conditions: *Arteriosclerosis* *7*  
(Include pregnancy within 3 months of death)

11. Industry or business:

12. Name: *Charles Holm*

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

14. Maiden name: *Caroline Gerker*

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

Major findings: *3a*

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant: *Henry A. Ewing*

(b) Address: *Route #2 St. Chals, Mo.*

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof: *9/14/42*  
(Month) (Day) (Year)

(c) Place: burial or cremation: *Friedens Cemetery*

18. (a) Signature of funeral director: *Math Hermann & Son*

(b) Address: *2161 East Fair Ave*

19. (a) *9-12-42* (Date received local registrar) (b) *Caroline G. Uleseler* (Registrar's signature)

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) (g) Means of injury:

23. Signature: *Paul W. Bloem* (M. D. or other) *MD*

Address: *4356 N. Arme* Date signed: *9/12/42*

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

92  
9  
3

92  
9  
3

MOTHER FATHER

**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

Licensed Embalmer No. *21*

P. O. Address *St. Louis, 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.**