

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

19206

Do not use this space.

FILED JUN 11 1943

1. PLACE OF DEATH *St. Louis*

(a) County *St. Louis* Registration District No. *326*

(b) Township *Worin* Primary Registration District No. *4481*

(c) City *Worin* (d) Street No. _____ Registered No. *20*

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *WILLIAM HENRY EWING*

(a) Residence, No. *Worin Mo* St. (If nonresident, give city or town and State) *Mo*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *2 Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Almina Ewing*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept-13-1856*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<i>86</i>	<i>8</i>	<i>13</i>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Retired Journalist*

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 26 1943*

22. I HEREBY CERTIFY, That I attended deceased from *May 25 1943* to *May 26 1943*

I last saw him live on *May 26 1943* Death is said to have occurred on the date stated above, at *12:15 A.M.*

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset *5-25-43*

Acute Sick Heart

Other contributory causes of importance: *940*

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *F. M. Johnson*, M. D.

(Address) *Worin Mo*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *near Rutledge, Mo*

FATHER

13. NAME *George W. Ewing*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

MOTHER

15. MAIDEN NAME *Martha Roswell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *Jac Ewing*
Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE *Worin Mo* DATE *May 29 1943*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Guth & Brooks*
Worin Mo

20. FILED *June 4 1943* *Bernice Wilson*
Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

1093

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

504-9-19-35 I X16605

RECEIVED

District Health Officer No. 10

District File Number 6-43-1050

Date Filed JUN 9 1943

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed..... *Geo V. Borwick*

Licensed Embalmer No. 1817.....

P. O. Address..... *Gorin, m*

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, above space should be left blank.