

S. No. 2  
M-8-43  
5-17-39  
I X37823

#35812  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 5 1945  
Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39424  
Registrar's No. 11209

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo-4 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4335 No. 19th St.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Roy W. Hewitt

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 498-01-5045

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 5 18 1912  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 7 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation CLERK.

11. Industry or business \_\_\_\_\_

12. Name ROY HEWITT,

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

14. Maiden name LOUISE BLANDET.

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

16. (a) Informant Roy a Hewitt

(b) Address 4335 No. 19th St

17. (a) BURIAL (b) Date thereof 12-30-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS

18. (a) Signature of funeral director Provest and Co

(b) Address 3710 22nd Blvd

19. (a) DEC 29 1944 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th  
year 1944 hour 3:40 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 11/14/44  
to 12/28/44, 19\_\_\_\_, to 12/28/44, 19\_\_\_\_;

that I last saw him alive on 12/28/44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal hypostatic pneumonia Duration \_\_\_\_\_

Due to Paralysis from cord block at T6 level with cord degeneration

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 30  
Of operations \_\_\_\_\_

Of autopsy As above

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 2 J Brown (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 12-28-44

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

**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..... *Carl E. Trovost*

Licensed Embalmer No. *License #1570*

P. O. Address.....

**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.**