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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7168

Primary Registration District No. 6076

Registrar's No. 2746

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Rural. ST. FERDINAND.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Florrisant, Mo. R #1.
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,
(c) City or town Kiefer Creek Rd. (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Kiefer Creek Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARRY MEWES

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 widower

6. (b) Name of husband or wife Emma Mewes,

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

7. Birth date of deceased Jan. (Month) 14, (Day) 1870 (Year)

8. AGE: Years 74 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer,

11. Industry or business Own farm

FATHER
12. Name William Mewes,
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Thelma Sontag,
(b) Address Florrisant, Mo. R #1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. (Month) 9, (Day) 45 (Year)
(c) Place: burial or cremation St. John Cem. Manchester, Mo.

18. (c) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) JAN 9 1945 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature) Emb.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6th
year 1945 hour 11 minute 20 a. M.

21. I hereby certify that I attended the deceased from Dec 3rd, 1944 to Jan 6th, 1945
that I last saw him alive on Jan 6th, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	10 days
Due to	
Due to Hodgens Disease	3 years
Other conditions no (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 ✓

Signature Roy Johnson (M. D. or other)
Address Ferguson Mo Date signed 1/6/45

707 (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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.