

S. No. 2
M-5-43
5-17-39
X 36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11091
Registrar's No. 2438

FILED MAR 27 1946
318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2523 Glasgow
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 23 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Annie Ewing
3. (b) If veteran, name war no 3. (c) Social Security No. No card

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luke Ewing 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased April 29, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 10 12 hr. / min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Rodge Field
13. Birthplace ? Ala.
(City, town, or county) (State or foreign country)

14. Maiden name Rillie Mc Millian
15. Birthplace ? Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Luke Ewing
(b) Address 2523 Glasgow St.

17. (a) Burial (b) Date thereof March, 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3045 Easton Ave.

19. (a) MAR 13 1946 (b) J. P. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County oav
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2523 Glasgow (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1946 hour 4 minute 9 M.
21. I hereby certify that I attended the deceased from March 8, 1946
19 _____, to March 11, 1946
that I last saw her alive on March 8, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Central nervous haze (acute) Duration 10 days
Due to undetermined

Due to _____
Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy 131
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature L. F. Brooks (M. D. or other) _____
Address 2746 1/2 Franklin Ave. St. Louis Mo. Date signed 3/11/46

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
10003

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..... *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address..... *1154 Bayard*

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.