

S. No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25802

FILED AUG 9 1946

State File No.

318

Primary Registration District No.

1003

Registrar's No.

6606

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Jackson
(c) City or town Murphysboro
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 2 N.R.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Delbert Grant Tewksbury

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarepta Tewksbury 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased Jan 19 1864
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace: Albany - Athens Co., Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Supervisor B. & O.

11. Industry or business Mo. Pac. R. R. Co.

12. Name Thomas Jefferson Tewksbury

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

14. Maiden name Roxana Esrey

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

16. (a) Informant C. S. Tewksbury

(b) Address 4445 Pembroke Lane - Hibernia, Mo.

17. (a) Removal (b) Date thereof 7/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Athens, Ohio.

18. (a) Signature of funeral director Robert J. Ambruster, Inc.

(b) Address Clayton Rd. at Concordia Lane

19. (a) JUL 29 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1946 hour 11 minute 15 P. M.
21. I hereby certify that I attended the deceased from July 25
25 1946 to July 27 1946
that I last saw him alive on July 27 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Chronic myocarditis
Due to Arteriosclerotic Heart Disease

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

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? _____

23. Signature John T. Vanover (M. D. or other) MD
Address 1955 So Grand Date signed July 28 1946

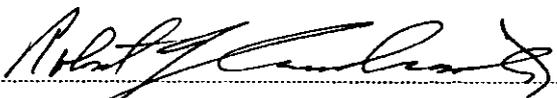
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 1994.....

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.