No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 23 1947

Registration District No. 6076

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15942

Primary Registration District No. 6076

Registrar's No. 850

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jennings Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7442 Calvin Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 96
(c) City or town: Jennings 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 7442 Calvin Ave. 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mrs. Alice B. Ewertowski
3. (b) If veteran, name war: none
3. (c) Social Security No.: none 447-05-8202
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Stanley Ewertowski
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: February (Month) 25th. (Day) 1904 (Year)
8. AGE: Years 43 Months 1 Days 16 If less than one day ..... hr. ..... min.
9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife & Clerk
11. Industry or business: Isler-Thompsett Lith, Co.
MOTHER FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Maggie Toler
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Stanley Ewertowski
(b) Address: 7442 Clavin Ave.-Jennings Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-15-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Cem
18. (a) Signature of funeral director: Hy. Leidner U. Co.
(b) Address: 2223 St. Louis Ave.
19. (a) 4-15-47 (Date received local registrar) (b) Cecil C. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 11th year 1947 hour 6:45 PM. minute ..... M.
21. I hereby certify that I attended the deceased from 1942, 19..., to April 11, 1947 that I last saw her alive on April 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	4 hrs
Due to Chronic hypertension and chronic interstitial nephritis	5 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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: [illegible] (M. D. or other) MD
Address: 2807 N. Grand Blvd., Date signed 4/12/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1947

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis

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.