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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27811

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 7711

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME PAULA HEWITT

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-07-7725

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW

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

7. Birth date of deceased JUNE 29 1889
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 2 If less than one day hr. _____ min. _____

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

10. Usual occupation TELEPHONE OPERATOR

11. Industry or business _____

12. Name WILLIAM NORDMAN

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

14. Maiden name LAURA OHL

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

16. (a) Informant SALLY HEWITT

(b) Address 2741 WYOMING

17. (a) BURIAL (b) Date thereof SEPT. 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS

18. (a) Signature of funeral director Thos Kutis & Son

(b) Address 2906 FRANKS

19. (a) SEP 1 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MOO
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2741 WYOMING 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 31
year 1948 hour 9:05 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration _____
fracture of left femur
when found lying on the floor in her home at 2741 Wyoming St on Aug 27, 1948
at about 3:20 am

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) Accident

(b) Date of occurrence Aug 27-1948

(c) Where did injury occur? Home (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 See above

23. Signature Dr Alfred J. Perry (M. D. or other) _____

Address Deputy Coroner Date signed 9.1.48

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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

Harold C. Neill

Licensed Embalmer No. *4347*

P. O. Address *2906 Travis*

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.