

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10007

State File No. \_\_\_\_\_

No. 300  
10-48BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 20641. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY MIb. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)  
OR TOWN St. Louis, Missouri 16 days c. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN St. Louis 17d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) d. STREET ADDRESS (If rural, give location)  
Barnes Hospital 0 2224 Sullivan Ave. 03. NAME OF DECEASED a. (First) b. (Middle) c. (Last) 4. DATE OF DEATH (Month) (Day) (Year)  
(Type or Print) Valéria Ewen March 3 19495. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.  
Female White Single 1-3-29 2010a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  
Shoe worker St. Louis Mo. 013a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE  
Frank J. Ewen Adelaide Schulte15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Adelaide Ewen 2224 Sullivan Av18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Probable congestive heart failure  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Tetrology of Fallot, congenital  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  
3/2/49 Tetrology of Fallot YES  NO 21a. ACCIDENT SUICIDE \*HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
1511 454021d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?  
0 022. I hereby certify that I attended the deceased from Feb. 15, 1949, to March 3, 1949, that I last saw the deceased alive on March 3, 1949, and that death occurred at 9:00 A.m., from the causes and on the date stated above.23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED  
J. B. Lasater U.M.O. Barnes Hospital 3/3/4924a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)  
Burial 3-7-49 Calvary Cemetery St. Louis, Mo.DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
MAR 4 1949 J. B. Lasater Goodhart & Goodhart 2228 St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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

*me*

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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, *me*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Greg W Wilkerson*

Licensed Embalmer No. *3575*

P. O. Address *St Louis 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.