

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17977

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>1102</u>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis County, Missouri.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri.</b> b. COUNTY <b>St. Louis,</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City 5,</b>			c. LENGTH OF STAY (in this place) <b>7</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City 5,</b>			46 3 5 0
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Res: 7018 Forsythe Blv'd.,</b>				d. STREET ADDRESS (If rural, give location) <b>#7018 Forsythe Blv'd.,</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EARL,</b>			b. (Middle) <b>- - -</b>	c. (Last) <b>HEWSON,</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 30, 1949.</b>	
5. SEX <b>Male. 0</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced.</b>	8. DATE OF BIRTH <b>Jan'y 1, 1879.</b>		9. AGE (In years last birthday) <b>70.</b>	IF UNDER 1 YEAR Months <b>3.</b>	IF UNDER 24 HRS. Days <b>29.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Congregational Minister.</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Sumner, Illinois, /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William McGlasson Hewson.</b>			13b. MOTHER'S MAIDEN NAME <b>Alice Hawkins.</b>		14. NAME OF HUSBAND OR WIFE <b>Gertrude Maxwell Hewson.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b>	16. SOCIAL SECURITY NO. <b>no.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gertrude E. Hewson, 7018 Forsythe Blv'd.,</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4-27-49</b>	
	ANTECEDENT CAUSES DUE TO (b) <b>Angina pectoris</b>					<b>1939+</b>	
	DUE TO (c) <b>Arteriosclerosis</b>					<b>4201 1939+</b>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>946</b>					<b>-</b>	
19a. DATE OF OPERATION <b>-</b>	19b. MAJOR FINDINGS OF OPERATION <b>-</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>1935</u> , to <u>April 30, 1949</u> that I last saw the deceased alive on <u>April 29, 1949</u> , and that death occurred at <u>5:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. Fred W. Clark, M.D.</b>				23b. ADDRESS <b>864 Hamilton St. St. Louis, Mo.</b>		23c. DATE SIGNED <b>4-30-49</b>	
24a. BURIAL, CREMATION, REMOVAL, ETC. <b>Entombment.</b>	24b. DATE <b>5/3/49.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Mausoleum.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>			
DATE REC'D BY LOCAL REG. <b>5-3-49</b>	REGISTRAR'S SIGNATURE <b>Richard L. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons, 7233 Felmar Blv'd.,</b>				

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

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

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.