No. 300
10.48

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

FILED AUG 13 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

24893

State File No. 6862

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS MO
c. LENGTH OF STAY (in this place) /
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4938a PARKER

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ADU
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 4938a PARKER

**3. NAME OF DECEASED** (Type or Print)
a. (First) JENNIE
b. (Middle) –
c. (Last) HEWITT

**4. DATE OF DEATH** (Month) (Day) (Year) AUG. 5 1949

**5. SEX** FEMALE

**6. COLOR OR RACE** WHITE

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) WIDOWED

**8. DATE OF BIRTH** JAN 10, 1854

**9. AGE** (In years last birthday) 95 — If under 1 year: Months 6 Days 26 — If under 24 hrs.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) NIL

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (State or foreign country) ENGLAND

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** WILLIAM BECK

**13b. MOTHER'S MAIDEN NAME** ANN LINLEY

**14. NAME OF HUSBAND OR WIFE** JAMES C. HEWITT

**15. 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** MRS. JOSEPH PFEIFFER — **ADDRESS** 4938a PARKER

**18. CAUSE OF DEATH** Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Fractured Rt Hip — 5 days

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** None

**20. AUTOPSY?** YES ☐ NO ☑

**21a. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

**21c.** (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) — (STATE) Mo

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) 7 31 49 5PM

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☑

**21f. HOW DID INJURY OCCUR?** Fell while walking

22. I hereby certify that I attended the deceased from July 1, 1949, to Aug 5, 1949, that I last saw the deceased alive on Aug 5, 1949, and that death occurred at ____ m., from the causes and on the date stated above.

**23a. SIGNATURE** Roland A. Koch MD (Degree or title)

**23b. ADDRESS** 3430 California ave

**23c. DATE SIGNED** Aug 6 1949

**24a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL

**24b. DATE** AUG. 8 1949

**24c. NAME OF CEMETERY OR CREMATORY** VALHALLA CEM.

**24d. LOCATION** (City, town, or county) ST. LOUIS (State) MO

DATE REC'D BY LOCAL REG. AUG 7 1949

REGISTRAR'S SIGNATURE [illegible]

**25. FUNERAL DIRECTOR'S SIGNATURE** Thomas Kutis **ADDRESS** 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

1 30 to 3 P.M. Lic 00776 (Sat)

## 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 Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St Louis, Mo

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.