S. No. 300
v. 10.48

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10555

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2234

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

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): LUTHERN. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS. 21 6
d. STREET ADDRESS (If rural, give location): 3319 POTOMAC.

3. NAME OF DECEASED (Type or Print): a. (First) MABEL. b. (Middle) M. c. (Last) HEWITT

4. DATE OF DEATH (Month) mch (Day) 7 (Year) 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE ()
8. DATE OF BIRTH: MARCH. 1-1904
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR Months — Days 6 — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): ST. LOUIS. MO. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ROBERT. HEWITT.
13b. MOTHER'S MAIDEN NAME: OLINE DYER.
14. NAME OF HUSBAND OR WIFE: NONE

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.: 489-20-3710
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ethel. Gansert. 4222 Dewey — ADDRESS

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) Papillary Cystic Adeno-Carcinoma of Ovary (with Metastases) — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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: Papillary Cystic Adeno-Carcinoma of Ovary with Metastases
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.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 175X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 11, 1947, *to* Mch 7, 1950, *that I last saw the deceased alive on* Mch 7, 1950, *and that death occurred at* 8-21 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Louis Schuchat, MD
23b. ADDRESS: 3866 Flora Place
23c. DATE SIGNED: Mch 8-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial ()
24b. DATE: 3-9-1950
24c. NAME OF CEMETERY OR CREMATORY: Park Lawn. Cem.
24d. LOCATION (City, town, or county) (State): LEMAY Mo.

DATE REC'D BY LOCAL REG.: MAR 9
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE: Kingbermuehle. 3819 S. Grand
ADDRESS: St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed George Angbermuehle Jr

Signed _____
Student Embalmer

Licensed Embalmer No. 4611

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.