

HELD DEC 27 1950

STANDARD CERTIFICATE OF DEATH

42372

State File No.

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

10569

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2410 ^a S. 10 th		2. STREET ADDRESS (If rural, give location) 2410 ^a S. 10 th ST.	
3. NAME OF DECEASED (Type or Print) a. (First) SALOME - b. (Middle) c. (Last) HEWITT			4. DATE OF DEATH (Month) (Day) (Year) DEC. 10 1950
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 13 1867
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOWED		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) FRANCE 4
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME JACOB METZGER		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE
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 ADDRESS CLIFFORD HEWITT 2410 ^a S. 10 th
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) <u>Arteriosclerosis, brain</u> INTERVAL BETWEEN ONSET AND DEATH 6 mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Calcification</u> 6 mo 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? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 156A
22. I hereby certify that I attended the deceased from 4-16, 1950, to 12-10, 1950, that I last saw the deceased alive on 12-9, 1950, and that death occurred at 2:20 A. M., from the causes and on the date stated above.			
23a. SIGNATURE <u>Clifford Hewitt</u>		(Degree or title) M.D.	23b. ADDRESS 1703 1/2 Grand
23c. DATE SIGNED 12-11-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 13 1950	24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEM.
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo			
DATE REC'D BY LOCAL REG. DEC 9 1950		REGISTRAR'S SIGNATURE J B Lester	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Harris

(Licensed Embalmer's Statement on Reverse Side)

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

1350-8-19M
1703 St. Remond

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Lowell E. Will

Signed
Student Embalmer

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.