

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 28 1951

No. 300

10. 48

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

BIRTH NO. REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 949

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORMANDY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORMANDY 4171</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VILLA ST. LOUISA</u>		e. STREET ADDRESS (If rural, give location) <u>VILLA ST LOUISA</u>	
3. NAME OF DECEASED (Type <u>SPRING</u>) a. (First) <u>ESTER</u> b. (Middle) <u>PHILOMEN</u> c. (Last) <u>EWING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 12 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 2-1867</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sister CHANNY</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>
13a. FATHER'S NAME <u>PHILOMEN EWING</u>		13b. MOTHER'S MAIDEN NAME <u>MARY GILLESPIE</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sister LEONA VILLA ST LOUISA</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> ANTECEDENT CAUSES <u>Arterio-sclerosis</u> DUE TO (b) <u>5 yrs</u> 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: <u>331K</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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>April 10 1951</u> to <u>April 12 1951</u> , that I last saw the deceased alive on <u>April 11 1951</u> , and that death occurred at <u>home</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Edw. R. Bondy</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>6076 Grand</u>	23c. DATE SIGNED <u>4/12/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APRIL 13 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARILLAE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>NORMANDY ST. LOUIS MO</u>
DATE REC'D BY LOCAL REG. <u>4/12/51</u>	REGISTRAR'S SIGNATURE <u>Harriet R. Tomke</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edw. R. Bondy 726 N. BRIDGE</u>	

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: *James A. Lammers*

Licensed Embalmer No. *41792*

P. O. Address *H. Lewis*

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.