

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3061

State File No. ....

FILED FEB 3 1953

0688

BIRTH NO. 4607 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

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) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 12hrs 20min d. STREET ADDRESS (If rural, give location) 2801 Stoddard e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis f. STATE Mo g. COUNTY 2219

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips d. STREET ADDRESS (If rural, give location) 2801 Stoddard

3. NAME OF DECEASED (Type or Print) a. (First) Charlie b. (Middle) Ewing c. (Last) Ewing 4. DATE OF DEATH (Month) (Day) (Year) 1 18 53

5. SEX Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 8. DATE OF BIRTH 1-18-53 9. AGE (In years last birthday) 12 10. UNDER 1 YEAR 0 11. UNDER 1 MONTH 12 12. UNDER 24 HRS. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Columbus Ewing 13b. MOTHER'S MAIDEN NAME Para Lee Wilson 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 Mary Duwell Gatt 2601 N. Whittier

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES DUE TO (b) Birth Injury

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

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  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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR 7600

22. I hereby certify that I attended the deceased from 1-18-, 1953, to 1-18-, 1953, that I last saw the deceased alive on 1-18-, 1953 and that death occurred at 1:10p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Hubler M. D. 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 1-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 23, 1953 24c. NAME OF CEMETERY OR CREMATORY Greenwood, Cemetery 24d. LOCATION (City, town, or county) (State) Saint Louis, Missouri

DATE RECD BY LOCAL REGISTRAR'S SIGNATURE JAN 21 1953 Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EB House 1221 N. Grand Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

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 *C. Brown*

Licensed Embalmer No. 4755

P. O. Address 1225 N. Wood

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.