

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41594

State File No.

FILED NOV 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2944

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Valley Park</u>		c. CITY OR TOWN <u>Clayton</u> <u>4442</u>	
c. LENGTH OF STAY (in this place) <u>0 months</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moll Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>236 North Gay Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ADDISON</u>	b. (Middle) <u>L</u>	c. (Last) <u>EWING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 13 53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 16, 1853</u>	9. AGE (In years last birthday) <u>100</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done by the most of working life, even if retired) <u>Retired, College Professor.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>EDUCATION</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>La Grange, Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Oreon Ewing.</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Watson.</u>	14. NAME OF HUSBAND OR WIFE <u>Della Newman Ewing.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marjorie E. Barnes.</u>	ADDRESS <u>Clayton, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cardiac dilatation</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Senility</u>		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Senility</u>	<u>2 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5/9, 1953, to 11/13, 1953, that I last saw the deceased alive on 11/10, 1953, and that death occurred at 2:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Sheslie M.D.</u> (Degree or title)	23b. ADDRESS <u>Kirkwood, Mo.</u>	23c. DATE SIGNED <u>11/13/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>11-16-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/14/53</u>	REGISTRAR'S SIGNATURE <u>Herbert B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Lupton & Sons.</u>	ADDRESS <u>7233 Delmar Blvd.,</u>
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(Enclosed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed *Clarence A. Murray*.....

Licensed Embalmer No. *4011*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.