

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42033

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11473**

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____ c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3880 Utah Pl.** e. STREET ADDRESS (If rural, give location) **3880 Utah Pl. 2169**

3. NAME OF DECEASED (Type or Print) a. (First) **NELLIE** b. (Middle) **Ewertowski** c. (Last) _____ 4. DATE OF DEATH (Month) (Day) (Year) **Dec 28 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **May 30 1891** 9. AGE (In years last birthday) **64** If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME **FRANK Runkowski** 13b. MOTHER'S MAIDEN NAME **ANN Kaysman** 14. NAME OF HUSBAND OR WIFE **Joseph Ewertowski (Dec'd)**

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 **Theodore Edwards 3880A Utah Pl.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **arteriosclerotic myocarditis**
Arteriosclerotic myocarditis
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. **cholelithiasis**
Cholecystitis

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) **422.1**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____ 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 **4-28-55** 19____, to **12-28** 19**55**, that I last saw the deceased alive on **12-23-55**, 19____, and that death occurred at **8:30 PM** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **A.F. Merklin a-7 Merklin M.D.** 23b. ADDRESS **3507 Potomac** 23c. DATE SIGNED **12-29-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12-31-55** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo**

DATE REC'D BY LOCAL REG. **DEC 29 1955** REGISTRAR'S SIGNATURE **J. Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **JOHN STYGAR and SON FUNERAL HOME 5541 Riverview**

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.....
Signature of Student Embalmer

Signed..... *J. M. Rister*.....
Licensed Embalmer No. 390
P. O. Address *St. Louis,*.....

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.