

FILED SEP 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33466

STATE FILE NUMBER 8631

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8631

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST CLAIR	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR ST LOUIS TOWN		c. CITY OR TOWN EAST ST LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) 23 HOSPITAL OR INSTITUTION ST JOHNS		d. STREET ADDRESS 32 1314 BAUGH AVE	

3. NAME OF DECEASED (Type or print) First IMA Middle EWING Last EWING			4. DATE OF DEATH Month SEPT Day 13 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 13-1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 2 Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER & DECORATOR		10b. KIND OF BUSINESS OR INDUSTRY DECORATOR		11. BIRTHPLACE (City and state or country) HARVEL ILL	
13. FATHER'S NAME ITHMER E. EWING			14. MOTHER'S MAIDEN NAME MARY BAIRD		
15. WAS DECEASED EVER UNDER A COURT ORDER? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ---		17. INFORMANT Mr. Otto B. Hayer, E. Ithmer	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple hemorrhages aplastic anemia		INTERVAL BETWEEN ONSET AND DEATH 3 7/8 a
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aplastic Anemia		
DUE TO (c) Secondary to fall down steps in home		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) E 900.0		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell at home	
20c. TIME OF INJURY Hour 9-7 Month, Day, Year 1957		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home sept 1954	20f. CITY, TOWN OR LOCATION St. Louis, Illinois	COUNTY St. Louis	STATE Illinois
21. I attended the deceased from Sept 14 1954 to Sept 13 1957 and last saw him alive on 9-13-57 Death occurred at 10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE Carl J. Reis		22b. ADDRESS 18 S. Kingshighway		22c. DATE SIGNED 9-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9/13/57	23c. NAME OF CEMETERY OR CREMATORY EAST ST LOUIS ILL	23d. LOCATION (City, town, or county) (State) EAST ST LOUIS ILL
24. FUNERAL DIRECTOR ROBINS FUNERAL HOME		25. DATE RECD. BY LOCAL REG. SEP 14 57	26. REGISTRAR'S SIGNATURE J. Carl Smith

(Licensed Embalmer's Statement on Reverse Side)

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Frank Prokoff*

Licensed Embalmer No. *435*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.