

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37574
STATE FILE NUMBER

FILED OCT 29 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9798

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 46 Missouri Pacific Hosp 3 weeks		Length of stay in 1b 3 weeks	9. STREET ADDRESS 49 4335 North 19th St		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Roy Middle A Last Hewitt			4. DATE OF DEATH October 18 1957		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 22 1889	9. AGE (In years less birthday) 68	10. FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Switchman (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Chapman, Kansas	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Michael Hewitt		13b. MOTHER'S MAIDEN NAME Rebecca Stanley		14. NAME OF HUSBAND OR WIFE Louise Hewitt (Deceased)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. John J. Smeehuyzen, 4335 N. 19th St		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subdural Hematoma</i> <i>Arterio Sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>E904.75</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Suffered in fall at Missouri Pacific Hospital on or about</i>					INTERVAL BETWEEN ONSET AND DEATH
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.) <i>St. Louis Mo</i>			
20c. TIME OF INJURY Hour a.m. 10 8 57 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Hosp</i>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis Mo		COUNTY	STATE
21. I attended the deceased from <i>4:30 P.</i> to <i>5:00 P.</i> and last saw her/him alive on <i>10-19-57</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>James M. Kelly, Colonel</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>10-19-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Oct 21 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Friedens Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Math Hermann & Son, Inc., 2161 E. Fair</i>			25. DATE RECD. BY LOCAL REG. <i>OCT 19 1957</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> S.P.	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Clement McNear*

Licensed Embalmer No. *3732*

P. O. Address *H. L. Linn*

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.