

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45789**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12276**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis, Mo</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home H. Phillips</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Tom</b> b. (Middle) c. (Last) <b>Ewin Jr</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 18, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Dec 15, 1888</b>
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>69</b> If UNDER 1 YEAR: Months _____ Days _____ If OVER 1 YEAR: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <b>Miss</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Tom Ewin</b>		13b. FATHER'S MAIDEN NAME <b>Liza</b>	14. NAME OF HUSBAND OR WIFE <b>Marcell Ewin</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marcell Ewin 733 Carpenter Pl</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio Vascular Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Generalized Arterio Sclerosis</b> 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? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>443X</b>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Regina Green</b>		23b. ADDRESS <b>1300 Clay</b>	23c. DATE SIGNED <b>12/21/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>buried</b>		24b. DATE <b>Dec 23/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shesville</b>
24d. LOCATION (City, town, or county) (State) <b>Miss</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F.A. Green 4214 Dolmar</b>	
DATE REC'D BY LOCAL REG. <b>DEC 21 57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b> <b>mjb</b> (Licensed Embalmer's Statement on Reverse Side)	

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

1957  
1588  
69

**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 *F. A. Hean*.....

Licensed Embalmer No. *2963*.....

P. O. Address *4244 Dalman Ave.*.....

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.