Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-007829
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 528

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): University City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Res. 7729 Delmar — Length of stay in 1b: 10yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN: University City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7729 Delmar — Reside on Farm: Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print): First: Arthur — Middle: Franklin — Last: McEwen

4. DATE OF DEATH: Month Feb. Day 24 Year 1959

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: June 2, 1903
9. AGE (In years last birthday): 55yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: unknown
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Arthur Franklin McEwen
13b. MOTHER'S MAIDEN NAME: Nellie Moore McEwen
14. NAME OF HUSBAND OR WIFE: Laura Groves McEwen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Yes#unknown
17. INFORMANT: Mrs. Laura G. McEwen — Address: 7729 Delmar

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 491X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

All diseases in Part I must be causally related.

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John C. Murphy M.D. (Degree or title) — John C. Murphy M.D. Acting Health Commissioner
22b. ADDRESS: 801 S. Brentwood Clayton
22c. DATE SIGNED: 3/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 25, 1959
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR: ALEXANDER & SONS — ADDRESS: 6175 Delmar
25. DATE RECD. BY LOCAL REG.: 2-25-59
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCullock

Licensed Embalmer No. 2960

P. O. Address 6175 [illegible]

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.