

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

11268-61-042377  
STATE FILE NUMBER

Registration District No. 18 Primary Registration District No. 1003 Registrar's No. 11268

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, MISSOURI Length of stay in lb 85 DAYS

c. CITY OR TOWN ST. LOUIS Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE. Inside Limits Yes  No

d. STREET ADDRESS 2622 Lafayette (If location) 3005 ST. VINCENT Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE H. EWERSMANN

4. DATE OF DEATH Month Day Year 12/1/61

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 2/22/19 9. AGE (last birthday) 42 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FLORIST DESIGNER 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) ST. LOUIS, MO. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME GEORGE EWERSMANN 13b. MOTHER'S MAIDEN NAME MARY MURPHY 14. NAME OF HUSBAND OR WIFE VERNETT EWERSMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2 17. INFORMANT Address MRS. VERNETT EWERSMANN (WIFE) SEE #2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) PURULENT TRACHEOBRONCHITIS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PYOGENIC ABSCESSSES, LEFT LUNG, UNDETERMINED ORGANISMS 521x

DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) EMPYEMA LEFT THORAX, DRAINED

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 Month, Day, Year a.m. p.m. \_\_\_\_\_

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 9/7/61 to 12/1/61 and last saw him OK alive on 12/1/61  
Death occurred at 3:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deedee or title) William R. Peltz Jr M.D. 22b. ADDRESS VAH, ST. LOUIS, MO. 22c. DATE SIGNED 12/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 12-5-61 23c. NAME OF CEMETERY OR CREMATORY National Cem. 23d. LOCATION (City, town, or county) (State) Jeff. Brks., Mo.

24. FUNERAL DIRECTOR ADDRESS Southern Funeral Home 6322 S. Grand St. Louis, Mo. 25. DATE RECD. BY LOCAL REG. DEC 4 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 David Van Fossan

Licensed Embalmer No. 4342

P. O. Address St. Louis, Mo.

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.