

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045419

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11415 STATE FILE NUMBER

FILED NOV 22 1963		1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 5 hrs.		c. CITY OR TOWN Ferguson Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 444 Suburban Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OIDIUS Middle W. Last EWALD			4. DATE OF DEATH Month Nov. Day 16 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/30-1890	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting Contractor		10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (City and state or country) Herman, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry Ewald		13b. MOTHER'S MAIDEN NAME Rosa Scherer	
14. NAME OF HUSBAND OR WIFE Regina Birlin Ewald		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.		17. INFORMANT Address Regina Ewald - Ferguson, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 11-16-63
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis					1940
DUE TO (c) 420.1					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour s.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 4-24-58 to 11-16-63 and last saw him alive on 11-16-63 Death occurred at 10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ray Johnson M.D. (Degree or title)			22b. ADDRESS Ferguson Mo		22c. DATE SIGNED 11/18/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/20-1963	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		23d. LOCATION (City, town, or county) Florissant, Mo.
24. FUNERAL DIRECTOR White-Mullen Mort.-Ferguson 35, Mo.			25. DATE RECD. BY SOCIAL REG. NOV 18 1963		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1
 2 **40093**
 3
 4 **0**
 5 **1**
 6
 7 **0**
 8 **2**
 9
 10
 11
 12 **59-0**
 13
 59
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF DOCUMENT
 MEDICAL CERTIFICATION
 USE BLACK INK OR TYPEWRITER RIBBON

11/30-1890
 444 Suburban Ave. x
 Ferguson, Missouri x
 St. Louis x
 DePaul Hospital x
 488-18-9005
 Regina Ewald - Ferguson, Mo.
 Regina Birkin Ewald
 U.S.A.
 11/30-1890
 Nov. 16 1903
 488-18-9005
 Rosa Scherer
 Painting
 Herman, Mo.
 U.S.A.
 488-18-9005
 Henry Ewald
 Painting Contractor
 White
 Male
 488-18-9005
 W. Ewald
 Nov. 16 1903
 488-18-9005
 DePaul Hospital
 St. Louis
 488-18-9005
 Ferguson, Missouri
 St. Louis

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 Reinhold J. Lehmann

Licensed Embalmer No. 3395

P. O. Address St. Louis 35 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.

11/30-1890
 444 Suburban Ave. x
 Ferguson, Missouri x
 St. Louis x
 DePaul Hospital x
 488-18-9005
 Regina Ewald - Ferguson, Mo.
 Regina Birkin Ewald
 U.S.A.
 11/30-1890
 Nov. 16 1903
 488-18-9005
 Rosa Scherer
 Painting
 Herman, Mo.
 U.S.A.
 488-18-9005
 Henry Ewald
 Painting Contractor
 White
 Male
 488-18-9005
 W. Ewald
 Nov. 16 1903
 488-18-9005
 DePaul Hospital
 St. Louis
 488-18-9005
 Ferguson, Missouri
 St. Louis