MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3398

B 26 1929 96 5 4

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 790
Township: Central — Primary Registration District No.: 6033
City: Clayton (No. 244 Linden St. Ward)

File No.
Registered No.

2. FULL NAME Dr. Arthur Eugene Ewing

(a) Residence. No. 244 Linden St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephine W. Ewing

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 26 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	9		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Physician
(b) General nature of industry, business, or establishment in which employed (or employer): Eye Specialist
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Cartersville
(STATE OR COUNTRY): Ga.

PARENTS
10. NAME OF FATHER: Dr. Thos. Whitley Ewing
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Hannah Pettingill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): New Hampshire

14. INFORMANT: Josephine W. Ewing
(Address): 224 Linden, Clayton

15. FILED Jan 28, 1929 Catherine McSullivan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 26 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1929, to Jan 26, 1929, that I last saw him alive on Jan 26, 1929, and that death occurred, on the date stated above, at 3:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) arterio Sclerosis (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF: —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Neurological exam
(Signed) M. A. Bliss, M.D.
Jan 27, 1929 (Address) 301 Humboldt Blds.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine Cem. — DATE OF BURIAL: 1/28/1929

20. UNDERTAKER: Alexander & Sons 6175 — ADDRESS: Delmar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.