

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

Do not use this space.

42994

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 10033

City *St. Louis* (No. *City Hospital*)

File No. *27*

Registered No. *27*

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. *1446*

(Usual place of abode)

*Frank Hewings* St. *18th* Ward *21*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *45* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sep. 7-1869*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<i>62</i>	<i>3</i>	<i>24</i>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *paid labor*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *michigan*

MOTHER

13. NAME *Richard Hewings*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

15. MAIDEN NAME *Sarah Sellers*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England*

17. INFORMANT (ADDRESS) *Hospital & boys' organization*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bethany Cem* DATE *Jan. 2*, 19*32*

19. UNDERTAKER (ADDRESS) *A. J. Donnelly Mfg. Co*

20. FILED *JAN -2 1932* *W. E. Stewart* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 31st*, 19*31*

I HEREBY CERTIFY, That I attended deceased from *Dec. 14th*, 19*31*, to *Dec. 31st*, 19*31*. I last saw him alive on *Dec. 31st*, 19*31*. Death is said to have occurred on the date stated above, at *8:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Cerebral Hemorrhage*  
*93 C*  
*92 A 930*  
Date of onset

Other contributory causes of importance:

*plus myocarditis*

Name of operation..... *None* Date of.....  
What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify *None*  
(Signed) *W. E. Stewart*, M. D.  
(Address) *City Hospital*

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

*Hewings*