

REC'D MAR 14 1938

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

4730
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **DePaul Hospital** St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jack Ewins
Infant Brenton 653
(a) Residence, No. **3903a Page Avenue** St. **11**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 6th, 1938**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Stillborn

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
9. Industry or business in which work was done, as 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) **St. Louis,** 0
(STATE OR COUNTRY) **Missouri** 0

FATHER 13. NAME **Leslie Brenton** 0
14. BIRTHPLACE (CITY OR TOWN) **Mexico,** 0
(STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Ruby Mitchell**
16. BIRTHPLACE (CITY OR TOWN) **Montgomery City,**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Leslie Brenton**
(ADDRESS) **3903a Page Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Oak Grove** DATE **February 7** 19 **38**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,**
(ADDRESS) **429 N. Euclid Avenue**

20. FILED **FEB 7 1938** *J. B. Prudick*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 6th** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Birth**, 19, to **Feb. 6**, 19**38**
I last saw h. alive on, 19, Death is said to have occurred on the date stated above, at **11:22 P.M.**

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

Stillborn Date of onset

Other contributory causes of importance:

Prematurity (6 wks)

Name of operation **none** Date of

What test confirmed diagnosis? 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 **E. J. Jovanek**
(Signed) (Signed) M. D.

(Address) **607 N Grand**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed *Albert G. Hopper*

Licensed Embalmer No. *7871*

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.)